Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007: Standard GA 4 PARTIAL COMPLIANCE **The Contractor has periodic audit procedures in place to verify the accuracy of information loaded in the claims payment system.** [Contract Section D, Paragraph 25] The Contractor has periodic audit procedures in place to verify the validity of information loaded in the claims payment system. (Contract information, current codes) **2007 Recommendations:** The Contractor must implement and enforce uniform auditing policy to ensure claim payment systems are correctly populated. **2006: Standard GA4 Partial Compliance** **2005: Standard GA6.2 Substantial Compliance** **2004:** Did not review	**2007:** ADHS currently has an established process for performing data validation reviews of the behavioral health providers which includes monitoring provider contracts in conjunction with billed amounts on encounters. ADHS will implement the same process at the CRS sites.	**2007:** CRSA: Cynthia Layne/ Terri Speaks (4/1/07-ongoing) AHCCCS: Gina Aker	The CAP is accepted upon submission of the policy/procedure utilized by ADHS.	7/10/07	**7/27/07 – Closed**
2007: Standard GA 5 PARTIAL COMPLIANCE **The Contractor provides training to all staff members on AHCCCS program guidelines.** [Contract Section D, Paragraph 11] **2007 Findings:** The Contractor does not provide training to all staff members on AHCCCS program guidelines. **2006: Standard GA5 Full Compliance** **2005: Standard BC1.8 Non-Compliance** **2004: BCP4 Information Only**	**2007:** By 9/1/07, CRSA will identify the content of the New Employee Orientation for CRSA staff. By 9/1/07 CRSA will provide New Employee Orientation to all newly hired CRS staff within 2 weeks of their start date. By 9/1/07, CRSA will require the CRS Regional Contractors to identify content they will provide to new staff. In New Employee Orientation.	Judith Walker (6/1/07-9/1/07)	The CAP is accepted contingent upon receipt of the agenda and materials used in the new employee orientation which will be due on or before 09/01/07. (G. Aker) Materials for NEO for OCSHCN staff and site training; new section for RCPPM Chapter 80.1000, CRSA Contractors Employee Training Requirements, identifying content the sites must train staff on	9/17/07	**10/15/07 Closed**
2007: Standard GA10 SUBSTANTIAL COMPLIANCE **The Contractor's websites include the formulary, policies and procedures, recipient handbook and provider listing.** [Contract Section D, Paragraph 152] **2007 Findings:** The Contractor and Clinic websites include the formulary, policies and procedures, recipient handbook and provider listings. **2007 Recommendations:** Tucson website should include the formulary, policies and procedures, recipient handbook and provider listings.	CRSA will continue to review the CRS Regional Contractor's websites on a quarterly basis. When deficiencies are identified, a letter will be sent to the CRS Regional Contractor noting the deficiency and requiring a revision to the website within a specified timeframe.	Judith Walker (11/06-8/1/07, 10/1/07, 1/1/08, 4/1/08)	The CAP is accepted as submitted and implementation will be monitored prior to the next review.	7/10/07	**7/27/07 - Closed**
2007: Standard DA5 NON COMPLIANCE **The Contractor has evidence that it monitors the delegated entity's performance on an on-going basis and subjects it to formal review according to a periodic schedule.** [42 CFR 438.230 (a), (b)(3); CYE 06 Contract No. YH03-	CRSA will conduct a comprehensive Administrative Review of each CRS Regional Contractor on an annual basis. CRSA conducted Administrative Reviews of each CRS Regional Contractor from 4/24/07-6/7/07. CRSA will establish a tentative Administrative Review schedule	Jennifer Vehonsky (4/24/07-10/31/07)	Review Schedule and Administrative Reviews.	9/15/07	**9/17/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
0032, Section D, Paragraph 39] **Findings:** The Contractor does not show evidence of evaluating and monitoring the delegated entities performance on a regular basis and subjects the delegated entity to a formal review according to a periodic schedule maintains formal review. **2007 Recommendations:** The Contractor must evaluate and monitor the delegated entities performance on a regular basis and subject the delegated entity to a formal review according to a periodic schedule **2006: DA5 Substantial Compliance** **2005: GA3.1 Non-Compliance** **2004:** Did not review.	for contract year 08 by 10/31/07.				
2007: Standard DA6 NON COMPLIANCE **The Contractor has evidence that it requires corrective action from the delegated entity when deficiencies or areas for improvement are identified.** [(42 CFR 438.230 (b)(4); CYE 06 Contract No. YH03-0032, Section D, Paragraph 39] **2007 Findings:** The Contractor does not show evidence that it requires corrective action from a delegated entity when areas of deficiency or improvement are identified. **2007 Recommendations:** The Contractor must show evidence that it requires corrective action from a delegated entity when areas of deficiency or improvement are identified. **2006: DA6 Full Compliance** **2005:** Did not review. **2004:** Did not review.	CRSA will require Corrective Action Plans (CAPs) from each CRS Regional Contractor based on a rating indicating less than Full Compliance in the Administrative Reviews. CRSA is in the initial stages of providing the draft reports to the CRS Regional Contractors and requesting their CAPs. CRSA plans to have an accepted CAP in place for each CRS Regional Contractor by 9/30/07. Outside of the Administrative Review process, CRSA will continue to require CAPs when a CRS Regional Contractor is found to be out of competitive with their contract.	Jennifer Vehonsky (6/15/07-09/30/07)	Administrative Reviews and Corrective Action Plans	**Ongoing**	**9/17/07 - Closed**
2007: Standard CUC/LEP 2 PARTIAL COMPLIANCE **The Contractor has policies or processes that ensure compliance with meeting CUC/LEP program requirements; Plan has updated and approved policies or processes on 1) Access to Interpretation Services 2) Translation Services 3) Cultural Competency Trainings 4) Ensuring qualifications of bilingual staff.** [Contract, Section D, Paragraph 9 & 48; AHCCCS ACOM Cultural Competency Policy; 42 CFR 438.206(c)(2), 438.10(c)(4), 438.10(c)(4&5).]	By 1/1/06, CRSA will provide Competency Orientation for new employees as part of the New Employee Orientation developed per GA 5. CRSA will provide ongoing Cultural Competency Training for CRS Regional Contractor clinical staff and will evaluate the provision of culturally and linguistically appropriate services to members during the Administrative Review.	Norma Garcia-Torres (5/1/07-1/1/08 orientation) (6/30/07 self assessments done)	The CAP is accepted contingent upon receipt of the agenda and materials used in the new employee orientation which will be due on or before 09/01/07. (G. Aker) Materials for NEO for OCSHCN staff and site training; new section for RCPPM Chapter 80.1000, CRSA Contractors Employee Training Requirements, identifying content the sites must train staff on	9/17/07	**10/15/07 Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007 Findings: The Contractor has policies or processes on Access to Interpretation Services. The Contractor has policies or processes on Translation Services. The Contractor does not have policies or processes on Cultural Competency Trainings. The Contractor does not have processes to ensure qualifications of multilingual staff. **2007 Recommendations:** The Contractor must provide a cultural competency orientation for its employees. The Contractor must provide ongoing training and evaluations of Contractor staff providing culturally and linguistically appropriate services to members. The Contractor must develop a methodology to assess the cultural competency of its employees. The Contractor must modify training content based on deficiencies noted in the assessments. **2006: CUC 2 Non-Compliance** **2005: CUC1.4 Non-Compliance** **2004: CC10 Substantial Compliance**	By 6/30/07, all CRSA and CRS Regional Contractor staff will complete a Cultural Competency Self Assessment using the Georgetown University Cultural Competency Center "Promoting Cultural Diversity and Cultural Competency Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities and Special Health Care Needs and Their Families." CRSA will use the aggregate results to determination education and training needs, and provide technical assistance.				
2007: Standard CUC/LEP 3 NON COMPLIANCE **The Contractor maintains a cultural competency training program for its employees.** [Contract, Section D, Paragraph 48; AHCCCS ACOM Cultural Competency Policy; 42 CFR 438.206(c)(2)] The Contractor has not provided a cultural competency orientation for its employees. The Contractor does not have evidence of ongoing training and evaluations of Contractor staff providing culturally and linguistically appropriate services to members. The Contractor has not developed a methodology to assess the cultural competency of its employees. The Contractor does not modify training content based on deficiencies noted in the assessments. **2007 Recommendations:** The Contractor must provide a cultural competency orientation for its employees. The Contractor must provide ongoing training and evaluations of Contractor staff providing culturally and linguistically appropriate services to members. The Contractor must develop a methodology to assess the cultural competency of its employees. The Contractor must modify training content based on deficiencies noted in the assessments.	By 1/1/06, CRSA will provide Competency Orientation for new employees as part of the New Employee Orientation developed per GA 5. CRSA will provide ongoing Cultural Competency Training for CRS Regional Contractor clinical staff and will evaluate the provision of culturally and linguistically appropriate services to members during the Administrative Review. By 6/30/07, all CRSA and CRS Regional Contractor staff will complete a Cultural Competency Self Assessment using the Georgetown University Cultural Competency Center "Promoting Cultural Diversity and Cultural Competency Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities and Special Health Care Needs and Their Families." CRSA will use the aggregate results to determination education and training needs, and provide technical assistance.	Norma Garcia-Torres (5/1/07-1/1/08 orientation) (6/30/07 self assessments done)	The CAP is accepted contingent upon receipt of the agenda and materials used in the new employee orientation which will be due on or before 09/01/07. (G. Aker) Materials for NEO for OCSHCN staff and site training; new section for RCPPM Chapter 80.1000, CRSA Contractors Employee Training Requirements, identifying content the sites must train staff on	9/17/07	**10/15/07 Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2006: CUC3 Substantial Compliance **2005: CUC2.2 Non-Compliance** **2004: CC 1 Substantial Compliance**					
2007: Standard CUC/LEP 4 PARTIAL COMPLIANCE **The Contractor has evidence of performing initial provider orientations on cultural competency and ongoing reviews/updates to providers covering the provisions of culturally competent services to members**. [Contract, Section D, Paragraph 48; AHCCCS ACOM Cultural Competency Policy; 42 CFR 438.10(c)(4)] **2007 Findings:** The Contractor does not have a provider-training schedule for the audit period. The Contractor does not have evidence of provider orientation and/or training materials that provide education on cultural and linguistic contractual requirements. The Contractor has evidence of provider or staff trainings during the audit period on a members' right to request and receive interpretation services. The Contractor provides additional resources cultural competency if requested by provider. **2007 Recommendations:** The Contractor must have a provider-training schedule for the audit period. The Contractor must have evidence of provider orientation and/or training materials that provide education on cultural and linguistic contractual requirements. The Contract should consider standardizing the Cultural Competency Training for the providers at the Regional Contractor level. **2006: Standard CUC/LEP 4 Non-Compliance** **2005: CUC2.3 Partial Compliance** **2004: CC6 Full Compliance**	CRSA will develop a CRS Regional Contractor training schedule that includes Orientation and Ongoing training made available using E-learning and other formats, which allows for the collection of information on CRS Regional Contractor staff attendance as evidence of compliance. CRSA will include education on cultural and linguistic contractual requirements in the CRS Regional Contractor Orientation training. The Cultural Competency Orientation and Ongoing training will be standardized and required statewide.	Norma Garcia-Torres (6/1/07-1/1/08 training schedule and orientation	The CAP is accepted contingent upon receipt of the agenda and materials used in the new employee orientation which will be due on or before 09/01/07. (G. Aker) Materials for NEO for OCSHCN staff and site training; new section for RCPPM Chapter 80.1000, CRSA Contractors Employee Training Requirements, identifying content the sites must train staff on	9/17/07	**10/15/07 Closed**
2007:Standard CUC/LEP 5 NON COMPLIANCE **The Contractor uses a communication method, other than the member handbook, to notify members that information and materials are available in other languages and formats. [**Contract, Section D, Paragraph 48; ACOM Cultural Competency Policy; 42 CFR 438.10(c)(4); Civil Rights Act (1964) Title VI] **2007 Findings:**	CRSA has developed and mailed to all members the "CRS Member Information Letter". CRSA will also include the notification to members that information and materials are available in other formats and languages on the CRSA website and the CRS Regional Contractor websites. CRSA monitors that the CRS Regional	Norma Garcia-Torres (4/07-11/1/07)			

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
The Contractor does not use a communication method, other than the member handbook, to notify members that information and materials are available in other languages. The Contractor does not use communication methods, other than the member handbook, to notify members that information and materials are available in other formats. **2007 Recommendations:** The Contractor must use communication methods, other than the member handbook, to notify members that information and materials are available in other formats and languages **2006:** Did not review. **2005: LEP1.1 Full Compliance** **2004: CC5 Full Compliance**	Contractors have notified members through the Administrative Review process.				
2007:Standard CUC/LEP 6 SUBSTANTIAL COMPLIANCE **The Contractor has identified and translates all member materials into prevalent languages.** [Contract, Section D, Paragraph 9 & 48; ACOM Cultural Competency Policy; 42 CFR 438.10(c)(3), 438.10(c)(5), 438.10(c)(5)(ii)] **2007 findings:** The Contractor has not identified all its prevalent languages. The Contractor translates the following materials: ✓ Recipient Handbook ✓ Recipient Newsletters ✓ Generic Correspondence ✓ Notices of Action **2007 recommendations:** The Contractor should identify all prevalent languages spoken by its membership.	CRSA will identify the prevalent languages at the statewide level and provide the information to the CRS Regional Contractors.	Norma Garcia-Torres (6/1/07-1/31/08)	Statewide Language analysis report	10/15/07	**10/15/07 - Closed**
2007:Standard CUC/LEP 8 NON COMPLIANCE **The Contractor has systems in place to ensure access to interpreter and translation services for all Limited English Proficiency (LEP) members at key points of contact within the Contractor. [**Contract, Section D, Paragraph 8 & 48; ACOM Cultural Competency Policy; CFR 438.10(c)(3), 438.10(c)(4), 438.10(c)(5), 438.10(c)(5)(ii); Civil Rights Act (1964) Title VI] **2007 findings:** The Contractor's has an approved policy and process for staff to provide interpretation and translation services to members. The Contractor does not have documentation on the	(Same as CUC 2 finding 4). CRSA has developed a process for testing CRSA staff proficiency in other languages and determines need based on job/function and skill required by job/function. CRSA monitors through the Administrative Review process that the CRS Regional Contractors ensure the quality of interpretation and translation through testing language services or similar internal testing or certification process.	Norma Garcia-Torres (5/1/07-12/31/07)	Language Testing criteria and sample tests	10/15/07	**10/15/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
results of language proficiency assessments of Plan staff. The Contractor does not evidence of qualifications for all staff that are utilized to provide interpretation services to members (e.g., certificates, testing scores, qualifications of vendors, etc.). **2007 recommendations:** The Contractor must ensure the staff providing interpretation or translation services is qualified and proficient.					
2007:Standard CUC/LEP 10 **PARTIAL COMPLIANCE** **The Contractor has a monitoring and oversight system in place to evaluate that Regional Contractors are compliant with the AHCCCS program's cultural and linguistic requirements.** [Contract, Section D, Paragraph 8, 48, 39; ACOM Cultural Competency Policy; CFR 438.10(c)(3), 438.10(c)(5), 438.10(c)(5)(ii), 438.230(a), 438.230(b)] **2007 findings:** The Contractor has a system in place to ensure that identified CUC/LEP-related deficiencies are corrected. The Contractor's does not have evidence that Contractor staff has worked to correct provider office deficiencies discovered through oversight efforts. The Contractor has evidence that Contractor has clear contractual requirements in place with its contracted providers in relation to fulfilling cultural and linguistic requirements. **2007 recommendations:** The Contractor's must provide evidence that the Contractor staff has worked to correct provider office deficiencies discovered through oversight efforts.	CRSA will provide evidence that oversight has been provided through the Administrative Reviews and corrective action plans will be required when deficiencies are identified.	Norma Garcia-Torres (7/1/07-3/31/08)	The CAP is **accepted** as submitted and will be reviewed at the next OFR.	**7/1/07**	**7/27/07 - Closed**
2007: Standard CC 9 NON COMPLIANCE **The Contractor has evidence of the Compliance Officer review of cases for appropriate referral to Office of Program Integrity (OPI).** [Contract Section D, Paragraph 51; 42 CFR 438.608] **2007 findings:** The Contractor does not have evidence of compliance officer review of cases for appropriate referral to Office of Program Integrity (OPI). **2007recommendations:** The Compliance Officer must review of fraud and abuse cases for appropriate referral to Office of Program Integrity (OPI).	The Compliance Officer already reviews and scrutinizes all fraud and abuse reports within CRSA. CRSA is provided copies of all contractor (clinics and providers) fraud and abuse complaints, but CRSA does not screen these prior to submission to AHCCCS per direction from AHCCCS-OPI. Documentation already exists in the form of case files for all reports received by CRSA. The Compliance Officer will continue to review each fraud and abuse complaint to identify trends and for opportunities to improve internal controls.	Tim Stanley (1/1/07-ongoing)	The CAP is **accepted** as submitted and will be reviewed at the next Operational and Financial Review.	**7/07**	**7/27/07 - Closed**
2007: Standard CC 11 NON COMPLIANCE **The Compliance Committee has performed a review of the effectiveness of the compliance program and the timeliness of compliance reporting.** [Contract Section	The ADHS Corporate Compliance Committee will review the existing Corporate Compliance Program at the next committee meeting. This item will be added	Tim Stanley (8/14/07-8/31/07)	The CAP is **accepted** contingent upon receipt of meeting minutes reflecting a review has been completed on or before 09/17/07. (G. Aker)	**9/17/07**	**9/17/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
D, Paragraph 51; 42 CFR 438.608] **2007 findings:** The Compliance Committee has not performed a review of the effectiveness of the compliance program and the timeliness of compliance reporting. **2007 recommendations:** The Contractor must review the effectiveness of the compliance program and timeliness of compliance reporting within the current contract year.	to the agenda for the 6/07 meeting.				
2007: Standard DS 3 NON COMPLIANCE **The Contractor monitors clinic appointments ensuring availability within 45 days of referral.** [Contract Section D, Paragraph 10, 30, 31, 15; AMPM Ch. 300; AAC R9-22-502] **2007 findings:** The Contractor does not monitor its Subcontractor to ensure clinic appointments availability within 45 days of referral is met. **2007 recommendations:** The Contractor must improve its oversight of its Subcontractors to ensure that the AHCCCS standard for clinic appointment availability within 45 days of referral is met. The Contractor should consider developing a reporting methodology that monitors, per clinic, the number of days from referral, that routine specialty care appointments are available. **2006: DS3 Information Only** **2005: DS1.4 Partial Compliance** **2004: DS3 Partial Compliance**	CRSA has issued Notice to Cure letters to Phoenix and Tucson CRS as of 6/12/07. CRSA is monitoring compliance of the performance measures on a monthly basis. CRSA has issued recommendations and request for CAPs regarding the 45 day performance measures following the FY07 Annual Administrative review. MM/UM Program analyzes current members' referral report against the aggregated capacity and no-show report to monitor network sufficiency. A gap analysis is conducted each quarter and shared with the CRS Regional Contractors in the Quarterly Provider Network Meeting. MM/UM Program is in the process of asking for CAPs for not meeting minimum required standard of 75% for 45-day referral timeline.	Stephen Burroughs/Ashraf Lasee (12/26/06-10/31/07) (06/29/07-12/31/07)	The CAP is **accepted** as submitted and implementation will be monitored prior to the next review.	**7/07**	**7/27/07 -Closed**
2007: DS7 Standard **DS 7 NON COMPLIANCE** **The Contractor applies corrective action when the provider does not comply with AHCCCSA appointment standards.** [Contract Section D, Paragraph 10, 30, 31, 15; AMPM Ch. 300; AAC R9-22-502] **2007 findings:** The Contractor does not apply corrective action/s when the provider does not comply with AHCCCS appointment standards. **2007 recommendations:** The Contractor must employ a corrective action process that results in Subcontractor and/or provider compliance with AHCCCS appointment standards. This must include a process for identifying the root cause of the problem, monitoring the execution of the corrective action plan, and	12/26/06 – CAPs were requested from Phoenix and Tucson CRS. 1/11/07 – CRSA revised the New Member Worksheet to improve methodology and accuracy of data submissions. 1/16/07 – performance measure processes were discussed at the quarterly administrators & medical directors' meeting. 1/29/07 – CRSA provided technical assistance to all contractors via teleconference. 2/1/07 – Phoenix CAP was accepted. 2/20/07 – One-on-one technical assistance was given to Phoenix CRS. 3/5/07 – Tucson CAP was accepted. 4/15/07 – Data requested from CRS clinics within the "new" New Member Worksheet.	Stephen Burroughs (12/26/06-9/30/07)	Administrative Reviews CAPs (specific to performance measures)	**10/15/07**	**Closed – 10/15/07**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
taking definitive action to remedy continued noncompliance. **2006: DS7 Substantial Compliance** **2005: DS3.4 Non-Compliance** **2004: DS10 Non-Compliance**	6/12/07 – Phoenix and Tucson CRS were placed under NTC for performance measure noncompliance. 6/14/07 CRSA gave technical assistance to Phoenix CRS. By 9/30/07 CRSA will have accepted CAPs following the Admin Reviews for each CRS Regional Contractor, which will include performance measures. 9/30/07 – NTC re-measurement due.				
2007: Standard DS12 NON COMPLIANCE **Provider Services Representatives are adequately trained.** [Contract Section D, Paragraphs 27, 29, and 35] **2007 findings:** Provider Services Representatives do not receive an orientation. Provider Services Representatives do not receive ongoing training to handle provider inquiries and to educate providers and office staff about AHCCCS and Contractor requirements. **2007 recommendations:** The Contractor must develop a policy and process for ensuring that Provider Services Representatives are adequately trained. The process must include an orientation and on-going training for Provider Services Representations. In the event the Contractor continues to delegate the provider services function to Subcontractors, the Contractor must maintain sufficient oversight of and coordination with Subcontractors to ensure that Provider Services Representatives are adequately trained **2006: DS12 Non-Compliance** **2005: DS9.2 Non-Compliance** **2004:** Did not review.	By 9/30/07 CRSA will develop a policy and procedure that the CRS Regional Contractors will utilize to ensure that their staff that function as Provider Service Representatives are adequately trained. Within the policy CRSA will identify required trainings that must be provided upon hire and on an on-going basis for staff that function as Provider Service Representatives.	Judith Walker/ Jennifer Vehonsky (6/1/07-9/30/07)	RCPPM Chapter 80.1000 identifying specific training content for Provider Services	10/15/-7	**10/15/07 - Closed**
2007: Standard DS 19 **SUBSTANTIAL COMPLIANCE** **The Contractor has evidence that contracted providers receive adequate and appropriate provider education materials on an ongoing basis.** [Contract Section D, Paragraph 18] **2007 findings:** The Contractor ensures that its Subcontractor has and applies a methodology for distributing provider education materials to Contractor's provider network. On-site provider visits are not made on a regular periodic basis. **2007 recommendations:** The Contractor should ensure contracted providers receive	CRSA will develop a catalog of training that will be available to the providers, which will include such topics as Cultural Competency, Fraud and Program Abuse, Grievances, Quality of Care, Notice of Action, Transition, Member Rights and Coordination of Care. CRSA will continue to assess the need for other training topics on an on-going basis. Trainings will be available through the Learning Management System and/or video conference.	Judith Walker/ Jennifer Vehonsky (6/1/07-9/30/07)	Catalog/materials for training available to sites	10/15/-7	**10/15/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	**CRSA 2007 CAP**	**CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP**	**CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms**	**Implementation Due Date**	**Evidence Documenting Successful Implementation Date of Implementation completion**
provider education materials on an ongoing basis.					
2007: Standard DS23 NON COMPLIANCE **Contractor must send a consultation report to the referring physician and Acute/ALTCS Contractor within 30 days of first CRS clinic visit.** [Contract, Section D, Paragraph 2] **2007 findings:** Contractor does not show evidence of sending a consultation report to the referring and Acute/ALTCS Contractor within 30 days of first CRS clinic visit. **2007 recommendations:** The Contractor must develop a procedure for documenting and ensuring that consultation reports are sent to the referring physician and Acute/ALTCS Contractor within 30 days of the first CRS clinic visit.	Completed during the FY07 Administrative Reviews, which ended on 6/7/07. Corrective action plans will be requested upon finalization of the administrative review reports. CAPs should be accepted by 9/30/07.	Stephen Burroughs (4/24/07-9/30/07)	Administrative Review CAPs	**10/15/-7**	**10/15/07 - Closed**
2007: Standard DS26 NON COMPLIANCE **CRSA must ensure that an initial medical evaluation is scheduled within 30 days of the preliminary medical determination. [**Contract, Section D, Paragraph 2**]** **2007 findings:** CRSA does not ensure that an initial scheduled medical evaluation is scheduled within 30 days of the preliminary medical determination. **2007 recommendations:** Contractor must ensure that the initial medical evaluation is scheduled within 30 days of the preliminary medical determination.	12/26/06 – CAPs were requested from Phoenix and Tucson CRS. 1/11/07 – CRSA revised the New Member Worksheet to improve methodology and accuracy of data submissions. 1/16/07 – performance measure processes were discussed at the quarterly administrators & medical directors meeting. 1/29/07 – CRSA provided technical assistance to all contractors via teleconference. 2/1/07 – Phoenix CAP was accepted. 2/20/07 – One-on-one technical assistance was given to Phoenix CRS. 3/5/07 – Tucson CAP was accepted. 4/15/07 – Data requested from CRS clinics within the "new" New Member Worksheet. 6/12/07 – Phoenix and Tucson CRS were placed under NTC for performance measure non-compliance. 6/14/07 – CRSA gave technical assistance to Phoenix CRS. By 9/30/07 CRSA will have accepted CAPs following the Admin Reviews for each CRS Regional Contractor, which will include performance measures. 9/30/07 – NTC re-measurement due.	Stephen Burroughs (12/26/07-9/30/07)	Administrative Review CAPs	**10/15/-7**	**10/15/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007: Standard RS4 SUBSTANTIAL COMPLIANCE **The New Recipient Orientation Packet includes the current Recipient Handbook. Annually recipients are noticed that they can receive the Recipient Handbook.** [Contract, Section D, Paragraph 3; ACOM Member Information Policy; AAC R9-22-518; CFR 42 438.10] **2007 Findings:** The Contractor did not provide evidence of a current Recipient Handbook in the New Recipient Orientation Packet for the Yuma Clinic. **2007 recommendations:** The Contractor should ensure that the New Recipient Orientation Packet includes the current Recipient Handbook. **2006: RS4 Non-Compliance** **2005: RS2.1 Non-Compliance** **2004:** Did not review.	By 7/31/07, CRSA will develop a template New Member Orientation Packet (NMOP) that the CRS Regional Contractors must provide to each new enrolled member. The CRS Regional Contractor will add region specific information to the NMOP, but must, at a minimum, provide the template as developed by CRSA. CRSA will conduct semi-annual "checks" by requesting a NMOP to ensure that all required materials are being provided. The NMOP are due to CRSA on 8/31/07 as a contract deliverable.	Judith Walker (6/1/07-7/31/07 template) (8/31/07 check) (3/31/08 check)	New Member Orientation Packets template	**10/15/07**	**10/15/07 - Closed**
2007: Standard RS 8 NON COMPLIANCE **The Contractor ensures that the recipient's dignity and privacy are protected and the recipient is treated with respect.** [ACOM CRS Recipient Information Policy; 42 CFR 438.100] **2007 findings:** The Contractor's employee orientation does not provide the staff with an initial training about the protection of the recipient's dignity and privacy and to ensure that the recipient is treated with respect. The Contractor does not provide the staff with ongoing training about procedures designed to protect the recipient's privacy and dignity and to ensure the recipient is treated with respect. The Contractor does not monitor staff to ensure that they understand and follow the procedures to ensure that the recipient's privacy and dignity are protected and the member is treated with respect. **2007 recommendations:** The Contractor must develop a process and policy for training staff to ensure that the recipient's dignity and privacy are protected and the recipient is treated with respect. **2006:** Did not review. **2005: Information Only** **2004: RS8 Non-Compliance**	Training materials on member rights will be included in the New Employee Orientation for CRSA staff who will have direct member contact and for CRS Regional Contractor staff (see GA 5). Training on member rights will also be included in the catalog of trainings available to CRS Regional Contractors on an on-going basis (see DS 19).	Judith Walker (6/1/07-9/1/07 orientation) (9/30/07 catalog)	Training Materials	10/15/07	**10/15/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007: Standard RS 9 SUBSTANTIAL COMPLIANCE **The Contractor's staff is trained to respond appropriately to member inquiries and grievances. [Contract, Section D, Paragraph 11]** **2007 findings:** The Contractor staff and its Subcontractor staff receive an orientation about Contractor responsibility, including responding to enrollee grievances. The Contractor staff and its Subcontractor staff receive ongoing training on a regular basis. Individual Contractor staff and its Subcontractor staff are not monitored on a regular and periodic basis (real time telephone monitoring). **2007recommendations:** The Contractor should develop a process to ensure Contractor and Subcontractor staffs are monitored on a regular and periodic basis.	All staff will receive New Employee Orientation (see GA 5) and will receive training on an on-going basis (see DS 19). The CRS Regional Contractors are monitored on an annual basis through the Administrative Reviews.	Judith Walker/ Jennifer Vehonsky (6/1/07-9/1/07 orientation)	Training Materials	10/15/07	**10/15/07 - Closed**
2007: Standard **RS 17 NON COMPLIANCE** **The Contractor notifies AHCCCS Division of Health Care Management (DHCM), of the material change in the provider network 15 days prior to the provider notice being sent out.** [Contract, Section D, Paragraph 9, ACOM Member Information Policy, 42 CFR 438.10] **2007 findings:** The Contractor does not notify AHCCCS, Division of Health Care Management (DHCM), of the material change in the provider network 15 days prior to the provider notice being sent out. **2007 recommendations:** The Contractor must ensure that AHCCCS DHCM is notified of a material change in the provider network 15 days prior to the provider notice being sent out.	Chapters 10 and 80 of the RCPPM were revised to indicate the timeframes that the CRS Regional Contractors must provide CRSA with notification of a provider leaving the network. The revised Chapters were provided to the CRS Regional Contractors. CRSA will provide AHCCCS information on material changes to the network of each CRS Regional Contractor within one day of its receipt of notification. The information will include the plan for continuing services and the notice that will be provided to affected members.	Jennifer Vehonsky (5/15/07-ongoing)	The CAP is **accepted** as submitted. No further action required at this time.	**5/07**	**7/27/07 -Closed**
2007: CS3 Standard SUBSTANTIAL COMPLIANCE **The Contractor has a mechanism in place to inform providers of the appropriate place to send claims.** [Contract Section D, Paragraph 25, Attachment F; 42 CFR 438.242] **2007 findings:** The Contractor ensures that its Subcontractor has a mechanism in place to inform contracted providers of the appropriate place to send claims. **2007 recommendations:** The Contractor should develop a mechanism for	All CRS Regional Contractors include the address for submitting claims on their websites.	Terri Speaks/ Kevin Gibson (4/1/07 start)			

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
informing non-contracted physicians/specialists of the appropriate addresses for claim submission. 2006: CS3 Partial Compliance 2005: Did not review. 2004: Did not review.					
2007: CS4 Standard PARTIAL COMPLIANCE **The Contractor's remittance advice to providers must contain, at a minimum, adequate descriptions of all denials and adjustments, the reasons for such denials and adjustments, the amount billed, the amount paid, application of Coordination of Benefits, and provider rights for claim dispute.** [Contract Section D, Paragraph 25; Attachment F] **2007 findings:** The Contractor does not ensure that each of its Subcontractors' remittance advices to providers contain an adequate description of all denials and adjustments. The Contractor does not ensure that each of its Subcontractors' remittance advices to providers contain the reasons for denials and adjustments. The Contractor ensures that its Subcontractor's remittance advice to providers contains the amount billed. The Contractor ensures that its Subcontractor's remittance advice to providers contains the amount paid. The Contractor ensures that its Subcontractor's remittance advice to providers contains application of Coordination of Benefits. The Contractor does not ensure that each of its Subcontractors' remittance advices to providers contain provider rights for claim dispute. **2007 recommendations:** The Contractor should develop a uniform policy and procedure for the Subcontractors' generation of remittance advices that contains all contractually required elements. 2006: CS4 Substantial Compliance 2005: CL1.3 Full Compliance 2004: Did not review.	ADHS has attached the remittance advice from the Tucson site for consideration and will work with the Yuma site to ensure compliance.	Terri Speaks/ Kevin Gibson (4/1/07-10/1/07)			
2007: Standard CS 5 PARTIAL COMPLIANCE **The Contractor has a methodology to identify and timely recoup erroneously paid claims. The Contractor has a process to identify claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment**. [Contract Section D, Paragraph 25, Attachment; F; 42 CFR 438.242(a)]	ADHS is working with AHCCCS to obtain a complete TPL file which will allow ADHS the ability to properly edit for TPL. A policy will be developed in conjunction with the implementation of the AHCCCS TPL file.	Terri Speaks/ Kevin Gibson (4/1/07-10/1/07)	Policy for TPL Requirements	10/15/07	**10/15/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007 findings: The Contractor does not sufficiently ensure that its Subcontractors have a methodology to identify erroneously claims prior to payment to minimize the need for recoupment. The Contractor does not sufficiently ensure that its Subcontractors have a methodology to identify erroneously paid claims to minimize the need for recoupment. **2007 recommendations:** The Contractor must develop mechanisms for the auditing of claim processing that allow for correction of systemic errors and identification of appropriate provider-level educational interventions. The Contractor must develop internal policies and procedures to ensure the validity of COB information gathered from recipients to minimize the necessity for post-payment recouping. 2006: CS5 Partial Compliance 2005: Did not review. 2004: Did not review.					
2007: Standard CS 8 NON COMPLIANCE **The Contractor's health information system collects, analyzes, integrates, and reports data on claim disputes and appeals.** [Contract Section D, Paragraph 25; 42 CFR 438.242(a)] **2007 Findings:** The Contractor's health information system does not collect, analyze, integrate, and report data on claim disputes and appeals. **2007 recommendations:** The Contractor must implement a mechanism for the uniform reporting and validation of claim dispute information in order to track, trend, report and develop interventions in a consolidated manner. **2006: CS8 Partial Compliance** **2005:** Did not review. **2004:** Did not review	CRSA has developed and implemented a centralized database for the collection of data related to appeals and claims disputes for purposes of case tracking, trend analysis and system adjustments. Quarterly reports will be developed and submitted to AHCCCS will be the Quarterly Claims Dispute Report for Quarter Ending 6/30/07.	Margery Sheridan (6/30/07 – first report to AHCCCS)	Reporting currently under negotiation with CRSA 1/08 G.Aker		TBA
2007: Standard CS 9 NON COMPLIANCE **The Contractor's utilizes data from the claims dispute to adjust operations, as necessary.** [Contract Section D, Paragraph 25; 42 CFR 438.242(a)] **2007 Findings:** The Contractor does not utilize data from the claims dispute to adjust operations, as necessary. **2007 recommendations:** The Contractor must develop a procedure for the review	CRSA has developed and implemented a centralized database for the collection of data related to appeals and claims disputes for purposes of case tracking, trend analysis and system adjustments. Quarterly reports will be developed and programmed for those purposes. The initial report to be developed and submitted to AHCCCS will be the Quarterly Claims Dispute Report for Quarter Ending 6/30/07.	Margery Sheridan (6/30/07 first report developed)	Reporting currently under negotiation with CRSA 1/08 G.Aker		TBA

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
of, and response to, data gathered from the newly developed, but as yet unimplemented, centralized repository for Claim Dispute and Appeal information that includes appropriate interventions. **2006: CS9 Partial Compliance** **2005: CL1.4 Non-Compliance** **2004:** Did not review					
2007: Standard CS 10 NON COMPLIANCE **The Contractor pays interest on all claims, including overturned claims disputes, paid after 60 days of receipt (unless otherwise specified in provider subcontract).** [Contract section D, paragraph 25; attachment C2] **2007 findings:** The Contractor does not ensure that its Subcontractors pay interest on institutional claims and overturned claims disputes, paid after 60 days of receipt. **Documents Reviewed:** **2007 recommendations:** The Contractor must ensure that interest penalties are applied to all institutional claims paid after 60 days of receipt. **2006: CS10 Non-Compliance** **2005: CL1.2 Non-Compliance** **2004:** Did not review.	ADHS has reviewed the CRS Regional Contractors' policies for late payment on institutional claims and finds that the Yuma and Flagstaff policies meet the requirement. ADHS has monitored the Contractor's Claim Aging reports for the period of July 2006 through March 2007; both Flagstaff and Yuma have paid 100% of all claims within 60 days of receipt. ADHS will work with Phoenix and Tucson sites to ensure that they have a policy regarding claims not paid within 60 days have the appropriate interest penalties applied. By 10/01/07, ADHS will develop a process to monitor the review of claims not paid within 60 days to ensure all institutional claims paid after 60 days have appropriate interest penalties applied.	Terri Speaks/ Kevin Gibson (4/1/07-10/1/07)	Phoenix and Tucson policy on interest payments	10/15/07	**10/15/07 - closed**
2007: Standard CS 11 NON COMPLIANCE **The Contractor shows evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).** [Contract Section D, Paragraph 25] **2007 findings:** The Contractor does not ensure that its Subcontractors receive and pay 25% of claims electronically (excluding claims processed by a PBM). **2007 recommendations:** The Contractor must ensure that the subcontracted clinics are capable of accepting electronic claims and that they are sufficiently promoting the utilization of this process.	All CRS Regional Contractors will be required to accept and process electronic claim submissions; however, ADHS cannot guarantee 25% of providers will submit claims electronically.	Terri Speaks/ Kevin Gibson (4/1/07-10/1/07)	**Provider Information "Tidbits"**	10/15/07	**10/15/07 - closed**
2007: Standard CS 12 PARTIAL COMPLIANCE **The Contractor has a process to audit processing accuracy for both manual and auto adjudicated claims.** [Contract Section D, Paragraph 25] **2007 findings:** The Contractor does not have a process to audit processing accuracy of manually adjudicated claims in place at each Subcontractor. The Contractor does not have a process to audit processing accuracy of auto adjudicated claims in place at each Subcontractor.	As CRS has just merged with BHS and the requirements of CRS are new to BHS we are requesting clarification and guidance on this requirement.	Terri Speaks/ Kevin Gibson (4/1/07 start)	Data Validation for each sites	10/15/07	**10/15/07 - closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007 recommendations: The Contractor must ensure that the subcontracted clinics are able to audit claim accuracy and that reporting is uniform and accurate.					
2007: Standard CS 13 NON COMPLIANCE **The Contractor has a quality assurance program that ensures that claims processing personnel are continually monitored to ensure claims are processed to industry standards for accuracy.** [Contract Section D, Paragraph 25; AAC R9-22-703, 705] **2007 findings:** CYE '07 to date the Contractor's is unable to demonstrate financial accuracy. CYE '07 to date the Contractor's is unable to demonstrate statistical accuracy. The Contractor does not ensure that its Subcontractors track, analyze and trend errors discovered in the audit program and develops interventions to improve financial and statistical accuracy. **2007 recommendations:** The Contractor must ensure that individual claim processors are subject to accuracy audits.	As CRS has just merged with BHS and the requirements of CRS are new to BHS we are requesting clarification and guidance on this requirement	Terri Speaks/ Kevin Gibson (4/1/07 start)	Template Letter to sites following audit	10/15/07	**10/15/07 - closed**
2007: Standard CS17 PARTIAL COMPLIANCE **The Contractor adjudicates 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt (unless otherwise specified in provider subcontract).** [42 CFR 447.45(d); CYE 06 Contract No. YH03-0032, Section D, Paragraph 25] **2007 findings:** The Contractor does not ensure that its subcontractors show evidence of claims adjudication 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt. **2007 recommendations:** The Contractor should ensure that all clinics meet the contractual standards for claim processing rates.	ADHS agrees to monitor that subcontractors adjudicate 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt.	Terri Speaks/ Kevin Gibson (4/1/07-10/1/07)	CAP Language, Chapter 50, Standards for Payments	10/15/07	**10/15/07 - closed**
2007: Standard CS18 NON COMPLIANCE **The Contractor voids and adjusts the original encounter when a recoupment is made due to the identification of an erroneously paid claim (claim that should have originally been denied) or when a recoupment is made due to incorrect data or processing (e.g., when demographic, clinical or financial data is changed.)** [CYE 06 Contract No. YH03-0032, Section D, Paragraph 25] **2007 findings:** The Contractor does not ensure that its subcontractors have processed an adjustment/voided encounter when a previously paid encounter is later recouped or voided. **2007 recommendations:** The Contractor must ensure that appropriate encounter transactions are submitted by the subcontracted clinics in order that timely and accurate encounter data is forwarded	ADHS agrees to monitor that subcontractors adjudicate 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt.	Terri Speaks/ Kevin Gibson (4/1/07-10/1/07)	The CAP is accepted as submitted and implementation will be monitored prior to the next review.	10/15/07	**10/15/07 - closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
to AHCCCS.					
2007 Standard: CS18 NON COMPLIANCE **The Contractor voids and adjusts the original encounter when a recoupment is made due to the identification of an erroneously paid claim (claim that should have originally been denied) or when a recoupment is made due to incorrect data or processing (e.g., when demographic, clinical or financial data is changed.)** [CYE 06 Contract No. YH03-0032, Section D, Paragraph 25] **2007 findings:** The Contractor does not ensure that its subcontractors have processed an adjustment/voided encounter when a previously paid encounter is later recouped or voided. **2007 recommendations:** The Contractor must ensure that appropriate encounter transactions are submitted by the subcontracted clinics in order that timely and accurate encounter data is forwarded to AHCCCS.	ADHS agrees to monitor that subcontractors adjudicate 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt	Terri Speaks/ Kevin Gibson (4/1/07	The CAP for this standard is **not accepted** as a quarterly review of claims processing creates a significant delay in the identification of untimely claims payment. Additionally, the audit sample size delegated for the quarterly review basis is not large enough to provide a statically valid review. It should be noted that during the OFR it was determine that two (2) of the four (4) sites where producing monthly claims processing reports. The Contractor must submit a revised CAP by 10/15/07. (D. Bjorn) The CAP is **accepted** as submitted and will be reviewed at the next OFR. (D.Bjorn)	10/15/07	**10/15/07 - closed**
2007 Standard: CS19 SUBSTANTIAL COMPLIANCE **The Contractor has policies and procedures on reprocessing and paying all overturned claims disputes in a manner consistent with the decision within 10 business days of the decision.** [CYE 06 Contract No. YH03-0032, Section D, ¶25] **2007 Findings:** The Contractor ensures that its subcontractors have adequate policy and procedures describing the reprocessing and paying of overturned claims disputes, consistent with the decision, within 10 business days of the decision. **2007 recommendations:** The Contractor must require all subcontracted clinics to maintain policies and procedures that ensure the reprocessing of overturned claim disputes in a timely manner.	CRS will ensure that the Tucson Claims Dispute Policy indicates that overturned clams disputes are paid within 10 days	Margery Sheridan (10/15/07)	Tucson Policy	10/15/07	**10/15/07 - closed**
2007 Standard: CS20 SUBSTANTIAL COMPLIANCE **The Contractor reprocesses and pays all overturned claims disputes in a manner consistent with the decision within 10 business days of the decision.** [CYE 06 Contract No. YH03-0032, Section D, Paragraph 25] **2007 findings:** The Contractor ensures that its subcontractors show evidence of reprocessing and paying all overturned claims disputes in a manner consistent with the decision, within 10 days of the decision. **2007 recommendations:** The Contractor should ensure that a record of the date of payment is maintained with the claim dispute file and in any data warehousing application.	CRSA will continue to monitor all overturned claims dispute to ensure that the timeframe is met. The timeliness of payments is track in the appeals/claims Database	Margery Sheridan (10/15/07)	The CAP is accepted as submitted and implementation will be monitored prior to the next review.	10/15/07	**10/15/07 - closed**

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007 Standard: CS21 SUBSTANTIAL COMPLIANCE **Claims processing personnel are formally trained to process the CRS claims** [AAC R9-22-705; CYE 06 Contract No. YH03-0032, Section D, Paragraph 25] **2007 findings:** The Contractor does not consistently ensure that its Subcontractor's claims processing personnel are trained to process CRS claims. The Contractor does not consistently ensure that its Subcontractor's claims processing receive regular and periodic claims processing in-service training. **2007 recommendations:** The Contractor should ensure that all subcontractor claims processing personnel are adequately trained on the processing of CRS related claims for payment and that periodic update occurs.	The CRSA Contractors will be required to train appropriate staff on claims processing	Judith Walker (10/15/07)	Training Materials	10/15/07	**10/15/07 - closed**
2007: Standard ENC 1 **SUBSTANTIAL COMPLIANCE** **The Contractor's ratio of adjudicated encounters by month of service is within one standard deviation of the mean.** [Contract Section D, Paragraph 36] **2007 findings:** For CYE06, a ratio of adjudicated encounters by month of service per paid member month is calculated and compared to the statistical measures described above from the peer group total mean For March 2006 through February 2007, a ratio of adjudicated encounters by month of service per paid member month is calculated and compared to the statistical measures described above for this Contractor's mean from March 2006 through February 2007. **2007 recommendations:** The Contractor should continue its efforts to ensure all encounters are submitted completely, timely and accurately. Contractor must review its system processes to validate that all CRS paid claims are encountered to AHCCCS.	ADHS has and will continue to monitor the submission of encounter data for each CRS site. ADHS has implemented monthly workgroup meetings with each site and will utilize the same monitoring methods currently used to monitor behavioral health encounters.	Terri Speaks/ Kevin Gibson (4/1/07-ongoing)	The CAP is **accepted** as submitted and will be reviewed at the next OFR.	**7/07**	**7/27/07 - Closed**
2007: Standard ENC 6 PARTIAL COMPLIANCE **The Contractor's sample of paid claims is completely, accurately, and timely encountered.** [Contract Section D, Paragraph 36] **2007 findings:** _184_ of _308_ (59.7%) paid claims were submitted as complete, accurate and timely encounters. **2007 recommendations:** The Contractor should continue its efforts to ensure all encounters are submitted completely, timely and accurately. Contractor must review its system processes to validate that all CRS paid claims are encountered to AHCCCS.	ADHS and will continue to monitor the submission of encounter data for each CRS site. ADHS has implemented monthly workgroup meetings with each site and will utilize the same monitoring methods currently used to monitor behavioral health encounters.	Terri Speaks/ Kevin Gibson (4/1/07-ongoing)	The CAP is **accepted** as submitted and will be reviewed at the next OFR.	**7/07**	**7/27/07 - Closed**

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	**CRSA 2007 CAP**	**CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP**	**CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms**	**Implementation Due Date**	**Evidence Documenting Successful Implementation Date of Implementation completion**
2007 Standard GS 1 SUBSTANTIAL COMPLIANCE The Contractor has a structure and process in place for the review of prior authorization requests. [CYE 07 contract, AMPM Chapter 1000, 42CFR438.201, 42 CFR 422.113 (c) and 42 CFR 438.114] The Contractor has a structure in place to process prior authorization requests. The Contractor has a policy in place that identifies what services require prior authorization and a demonstrated process for communicating this with providers. The Contractor does not utilize standardized criteria when making prior authorization decisions. The Contractor does not require prior authorization for emergency services. The Contractor does not ensure that any decision to deny, reduce or terminate a medical service is made by a qualified health care professional who has the expertise to make the decision. The Contractor consults with the requesting provider when appropriate. In __1___ out of _____1____ (_100__%) of files reviewed, the denial decisions were not made by the qualified health care professional and the rationale for the decision is clearly indicated and consistent with all BBA standards. **Documents Reviewed:** Medical Management/Utilization Management (MM/UM) 1.6 Prior Authorization Process Chapter 80 Program Oversight, subsection 80.401 Prior Authorization (draft) 29 Denial Files One (1) Notice of Action **Comments:** The Contractor has been on a weekly oversight review of all Notices of Action (165) since November 16, 2006. On February 27, 2007, the Contractor was asked to not submit any Notices of Action for weekly review and submit Notices at the time of the OFR. The findings reported above represent the review of Notices of Action since February 27, 2007. The Contractor utilizes InterQual in making service authorization determinations which is not all inclusive. The oversight MM/UM Activity titled "Prior Authorization" states that adverse decisions shall only be rendered by the CRS Regional Medical Director, who must sign all denials. During the interview, the Contractor did acknowledge that they did have knowledge of one regional clinic in which an RN signed a denial. **2007 recommendations** The Contractor should continue with regional site reviews and audit all service request denials on a bi-monthly submission from the providers. The Contractor should develop a process to assure all denials are signed by a Medical Director.	CRSA monitoring of service request denials will continue bi-monthly, with AHCCCS oversight, until full compliance is demonstrated. Upon full compliance, monitoring frequency will be transitioned to quarterly. CRSA developed and implemented a Notification Monitoring Tool, approved by AHCCCS on 1/31/07, which is utilized to monitor compliance with ensuring all denials are signed by a Medical Director. 1. Standardized NOA forms approved by AHCCCS were distributed by CRSA to its contractors with written instructions in August, 2006. 2. The RCPPM, Chapter 80, will be revised by **12/1/06** to mandate the use of the NOA form approved by AHCCCS and prohibit any modifications to the standardized language or font size. 3. Mandatory NOA training for Regional Contractors was held on **September 25 and 26, 2006**. 4. Guidance documents produced by AHCCCS in using 4th grade level language and frequently used legal citations were provided as a part of the training. 5. CRS Regional Contractors will be required to submit 100% of their NOA's to CRSA for monitoring purposes on a weekly basis. CRSA will compare the NOA's received to the denial logs submitted to ensure any omissions are detected and followed up on. 6. CRSA will submit the NOA's to AHCCCS for review every two weeks and will meet with AHCCCS on a monthly basis to discuss any compliance issues, until full compliance is demonstrated. CRSA will provide ongoing targeted technical assistance to the Regional Contractors based upon monitoring results and take progressive contractual remedies for contractors who continue to fail to meet this standard.	**2007 GS 1:** Margery Sheridan/Ashraf Lasee (ongoing) Maureen Wade/ Geri Topolosek	09/30/07 – ongoing.	09/30/07	Monthly submission of Notices of Action (NOA) for review – there have been no NOA's issued for 2 consecutive months.

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007 Standard GS 2 SUBSTANTIAL COMPLIANCE **The Contractor provides the member with a written notice of action in an easily understood format.** [Contract, Attachment H (1), H (2); ARS 36-2903.01(B) (4); AAC Title 9 Chapter 34; 42 CFR 438.10, 42 CFR 438.404, 42 CFR 438.406, 42 CFR 438.408, 42 CFR 438.410, 42 CFR 456.136] **2007 findings**: The Contractor provides the member with a written notice of action in an easily understood language that states what is being denied, reduced or terminated and the reason and basis for the action. **Documents Reviewed:** 29 Denial Files One (1) Notice of action Chapter 80 Program Oversight, subsection 80.402 Notice of Action (draft) Chapter 80 Program Oversight Attachment 5-Notice of Action template **Comments:** The Contractor has been on a weekly oversight review of all Notices of Action (165) since November 16, 2006. Since November 16, 2006, weekly review of Notices of Action, the Contractor has not provided oversight for regional clinics. There was no standardized tool for oversight by the Contractor. The Contractor does not document the Notices of Action being in easily understood language. The Contractor did provide a template for oversight of review of Notices of Action on January 31, 2007 which was accepted. On February 27, 2007, the Contractor was asked to not submit any Notices of Action for weekly review and submit Notices at the time of the OFR. The Contractor provides a Notice of Action in both English and Spanish. One Notice of Action was in easily understood language. **2007 recommendations:** The Contractor must continue with regional site reviews and audit all service request denials on a bi-monthly submission from the providers. The Contractor should provide oversight tools and corrective action plans for all regional clinics on a bi-monthly submission.	CRSA monitoring of service request denials will continue bi-monthly, with AHCCCS oversight, until full compliance is demonstrated. Upon full compliance, monitoring frequency will be transitioned to quarterly. CRSA developed and implemented a Notification Monitoring Tool, approved by AHCCCS on 1/31/07, which is utilized to monitor compliance with notification requirements. CRSA will require CAPS for all CRS Regional Contractors performing below full compliance. To the extent the CAPs are unsuccessful in rectifying compliance issues, Notices to Cure and/or sanctions will be utilized. 1. NOA training completed 9/30/06; 2. Chapter 80 was revised and submitted to AHCCCS for approval on 10/24/06; 3. NOA monitoring every other week with AHCCCS oversight until full compliance is demonstrated for 1 month, then will transition to quarterly monitors.	Margery Sheridan (ongoing) Maureen Wade/ Geri Topolosek	**09/30/2007 ongoing**		Monthly submission of NOA's – no NOA's have been issued for 2 consecutive months
2007 :Standard GS 3 SUBSTANTIAL COMPLIANCE **The Contractor provides the member with a written notice that explains member rights.** [Contract, Attachment H (1), H (2); ARS 36-2903.01(B) (4); AAC Title 9 Chapter 34, 42 CFR 438.10, 42 CFR 438.404, 42, 42 CFR 438.408, 42 CFR 456.136] **2007 findings**: The Contractor provides the member with a written notice that explains the: ✓ Member's right to file an appeal. ✓ Procedures for filing an appeal, requesting a state fair hearing, and expedited appeals	(same as GS 2) CRSA monitoring of service request denials will continue bi-monthly, with AHCCCS oversight, until full compliance is demonstrated. Upon full compliance, monitoring frequency will be transitioned to quarterly. CRSA developed and implemented a Notification Monitoring Tool, approved by AHCCCS on 1/31/07, which is utilized to monitor compliance with notification requirements.	Margery Sheridan (ongoing)	09/30/07 – ongoing.		Monthly submission of NOA's – no NOA's have been issued for 3 consecutive months.

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
✓ Availability of assistance from the Contractor to file an appeal. The Contractor's written notice explains the member's right to have services continue, how to request continued services, and when a member may be required to pay for the costs. The Contractor's written notice explains to the member the correct Contractor timeframes required in making the decision. **Documents Reviewed:** 29 Denial Files Chapter 80 Program Oversight, subsection 80.402 Notice of Action (draft) Chapter 80 Program Oversight Attachment 5-Notice of Action template One (1) Notice of Action **Comments:** The Contractor has been on a weekly oversight review of all Notices of Action (165) since November 16, 2006. Since November 16, 2006, weekly review of Notices of Action, the Contractor has not provided oversight for regional clinics. There was no standardized tool for oversight by the Contractor. The Contractor did provide a template for oversight of review of Notices of Action on January 31, 2007 which was accepted. On February 27, 2007, the Contractor was asked to not submit any Notices of Action for weekly review and submit Notices at the time of the OFR. The Contractor demonstrated a template that explains the member's rights to appeal, procedures for filing an appeal, have services continue and how to request continued services. **2007 Recommendations:** The Contractor must continue with regional site reviews and audit all service request denials on a bi-monthly submission from the providers. The Contractor should provide oversight tools and corrective action plans for all regional clinics on a bi-monthly submission.	CRSA will require CAPS for all CRS Regional Contractors performing below full compliance. To the extent the CAPs are unsuccessful in rectifying compliance issues, Notices to Cure and/or sanctions will be utilized. **1)** Prior authorization is delegated to the Regional Contractors for which CRSA has oversight responsibility. Timelines are specified in the RCPPM, Chapter 80.401, both for standard and expedited authorization requests. However, by 3/1/07, CRSA will revise Chapter 80.401 to include that all Provider Service Requisitions (PSR) must be date stamped upon receipt by the Regional Contractor. This will enable CRSA to monitor the timeliness of a decision **2)** The MM/UM Division has developed a monitoring tool for the prior auth process, a sample PSR and a checklist that includes the relevant dates (date requested by provider, date received by the Regional Contractor, and date approved). NOA requirements will be addressed and monitored as indicated in GS 1. **3)** Denial logs will be monitored monthly to ensure compliance with timeliness of decisions for both standard and expedited requests and for compliance with required notification to recipients and providers of the need for an extension, until full compliance has been demonstrated. CRSA will monitor to ensure Regional Contractor compliance with prior authorization requirements during the annual Administrative Review.				
2007 Standard GS 4 PARTIAL COMPLIANCE **The Contractor makes prior authorization decisions within 14 days for a standard request and within 3 days for an urgent (expedited) request and notifies the appropriate parties (requesting provider and member) of the outcome of the decision.** [Contract, Attachment H (1), H (2); ARS 36-2903.01(B) (4); AAC Title 9 Chapter 34, 42 CFR 438.10, 42 CFR 438.404, 42 CFR 438.406, 42 CFR 438.408, 42 CFR 438.410, 42 CFR 456.136] **2007 findings**: The Contractor monitors the timeliness of all prior authorization decisions and acts upon any areas requiring improvement. The Contractor notifies the appropriate parties (both member and requesting provider) of the outcome of the decision in accordance with the 3 day or 14 day standard.	CRSA monitoring of service request denials will continue bi-monthly, with AHCCCS oversight, until full compliance is demonstrated. Upon full compliance, monitoring frequency will be transitioned to quarterly. CRSA developed and implemented a Notification Monitoring Tool, approved by AHCCCS on 1/31/07, which is utilized to monitor compliance with notification requirements, including the documentation of the date of receipt of the service request, from which timeliness is measured. CRSA will require CAPs for all CRS Regional Contractors performing below full	**2007 GS 4**: Margery Sheridan (ongoing) Maureen Wade and Geri Topolosek	Cap is closed 09/30/07. Documentation of regional oversight by CRSA on a quarterly basis.	ONGOING	Move to deliverables.

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
The Contractor does not notify the requesting provider when an "expedited" authorization request does not meet the criteria for expedited authorization. The Contractor does not document when an "expedited request" is determined to be a standard authorization to clearly indicate that the decision will be made within the fourteen (14) day timeframe. The Contractor provides the member with written notice outlining the timeframes for expedited authorization decisions. The Contractor does not provide member and provider the outcomes of the decisions (either positive or negative) within 3 days after an expedited request for a service is received. **Documents Reviewed:** Chapter 80 Program Oversight, subsection 80.401 Prior Authorization (draft) 29 Denial files (2 expedited requests) **Comments:** One of two expedited requests was compliant with 3 day timeline. The other "expedited" authorization did not meet the BBA criteria for expedited, and was handled by the subcontractor as standard, but the subcontractor did not document the decision to handle as standard, or notify the member or provider that it would be handled as standard. **2007 recommendations**: The Contractor must develop a process for monitoring timeliness of prior authorization to include point of entry to ensure decision timeframes.	compliance. To the extent the CAPs are unsuccessful in rectifying compliance issues, Notices to Cure and/or sanctions will be utilized. **1)** Prior authorization is delegated to the Regional Contractors for which CRSA has oversight responsibility. Timelines are specified in the RCPPM, Chapter 80.401, both for standard and expedited authorization requests. However, by 3/1/07, CRSA will revise Chapter 80.401 to include that all Provider Service Requisitions (PSR) must be date stamped upon receipt by the Regional Contractor. This will enable CRSA to monitor the timeliness of a decision **2)** The MM/UM Division has developed a monitoring tool for the prior auth process, a sample PSR and a checklist that includes the relevant dates (date requested by provider, date received by the Regional Contractor, and date approved). NOA requirements will be addressed and monitored as indicated in GS 1. **3)** Denial logs will be monitored monthly to ensure compliance with timeliness of decisions for both standard and expedited requests and for compliance with required notification to recipients and providers of the need for an extension, until full compliance has been demonstrated. CRSA will monitor to ensure Regional Contractor compliance with prior authorization requirements during the annual Administrative Review.				
2007 Standard GS 5 PARTIAL COMPLIANCE **The Contractor issues an Extension Notice letter to the member when either the member requests an extension in making a service authorization decision, or if the Contractor requires further information in order to make a decision, up to 14 additional days (total of 28 days). The Contractor provides the member written notice of the reason for the decision to extend the time frame.** [Contract, Attachment H (1), H (2); ARS 36-2903.01(B) (4); AAC Title 9 Chapter 34, 42 CFR 438.10, 42 CFR 438.404, 42 CFR 438.408, 42 CFR 456.136, 42 CFR 438.406, 42 CFR 438.410, A.R.S. 36-2903.01 (B) (4); and A.A.C. R-9-34-206 (D)] **2007 findings**: The Contractor provides the member with written notice that includes the timeframes by which the decision process will be extended**.**	CRSA will revise the template attached to CRS RCCPM Chapter 80 to comply with language requirements, and forward to AHCCCS for approval. The timing of this will coincide with AHCCCS' finalization of changes to the ACOM Notice policy and associated guidance document(s). CRSA will provide comments by 6/22/07 to AHCCCS on the draft policy, guidelines and template. CRSA-MM/UM Program has required that the CRS Regional Contractors provide a copy of all Notice of Extension letters to CRSA on a weekly basis, whether the services were approved or denied. CRSA will review the Notice of Extension letters	Margery Sheridan/Ashraf Lasee (06/22/07-8/1/07) (Starting 07/07, bi-monthly, until compliance is achieved)	09/30/07 – accepted and closed.	09/30/07	Submission of denial oversight logs.

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
The Contractor's written notice of the extension does include: ✓ The reason for the decision to extend the time frame ✓ The length of the extension ✓ The member's right to file a grievance (complaint) if the member disagrees with the decision. ✓ The decision will be made an expeditiously as the member's condition requires and no later than the date the extension expires. The Contractor did not demonstrate using easily understood language in the template portion of the Notice of Extension. **Documents Reviewed:** 29 Denial Files **Comments:** In 29 denial files, Notice of Extension was utilized 13 times to members. During interview, the Contractor stated that they do not monitor Notice of Extension letters for those services that were ultimately approved; therefore no documentation was available to substantiate that the Contractor was meeting timelines. **2007 recommendations**: The Contractor must revise the template use easily understandable language. The completed template should be forwarded to AHCCCS for final approval. The Contractor should develop a process for monitoring of notice of extension timelines in approved service authorization requests. It is recommended that the Contractor send 100% of Notice of Extension letters to AHCCCS on a bi-monthly basis.	for the appropriateness of request and language; as well as monitoring compliance with timelines. All Notice of Extension letters will be submitted to AHCCCS on a bi-monthly basis beginning FY 08. CRSA will revise the Notice of Extension form letter, which will be mandated for use by all Regional Contractors, to include the recipient's right to file a grievance if the recipient disagrees with the decision. CRSA will modify RCPPM, Chapter 80, to reference those specific circumstances which would require the use of this form and to include the form as an attachment. 11-15-06: Chapter 80 was revised to include the Notice of Extension form and when it shall be used and was submitted to AHCCCS for approval on 10/24/06.			
2007 Standard GS 6 PARTIAL COMPLIANCE **For service authorization requests that have complete medical information required for prior authorization, decisions not reached within 14 days, shall be considered denied on the date that the time frame expires and the Contractor provides the member with written notice of the denial. The Contractor must provide Notice of Action letter to assure the member their appeal rights. If no information is received for service authorization requests that required an extension, the request is considered denied and a Notice of Action letter must be sent.** [Contract, Attachment H (1), H (2); ARS 36-2903.01(B) (4); AAC Title 9 Chapter 34, 42 CFR 438.10, 42 CFR 438.10(d) (1), 42 CFR 456.136] **2007 FINDINGS**: The Contractor does not provide the member with written notice that for service authorization decisions not reached within 14 days, the authorization shall be considered denied on the date that the time frame expires**.** The Contractor does not provide the member with written notice that for service authorization decisions not reached within 28 days, the authorization shall be considered	CRSA monitoring of service request denials will continue bi-monthly, with AHCCCS oversight, until full compliance is demonstrated. Upon full compliance, monitoring frequency will be transitioned to quarterly. CRSA developed and implemented a Notification Monitoring Tool, approved by AHCCCS on 1/31/07, which is utilized to monitor compliance with notification requirements, including the documentation of the date of receipt of the service request, from which timeliness is measured. CRSA will require CAPs for all CRS Regional Contractors performing below full compliance. To the extent the CAPs are unsuccessful in rectifying compliance issues, Notices to Cure and/or sanctions will be utilized. CRSA will provide Regional Contractor staff responsible for processing appeals	**2007 GS 6**: Margery Sheridan (ongoing)	09/30/07	09/30/07	Quarterly submission of CRS denied oversight logs. Move to deliverables.

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
denied on the date that the time frame expires**.** **Documents Reviewed:** Chapter 80 Program Oversight, subsection 80.401 Prior Authorization (draft) Member Handbook **Comments:** The Contractor did provide amended policy 80 by March 19, 2007 and changes were accepted. The Contractor was not able to demonstrate that the Notice of Action letter is being tracked and send when a time frame expires and there is no receipt of requested documentation required to make a decision. The Contractor did not provide any files for review. **2007 recommendations**: The Contractor must develop process for monitoring timelines for prior authorization requests.	with training on all requirements relating to the appeal process, including the requirement to issue and carry out appeal decisions within the required timeframes. CRSA will require its Regional Contractors to submit 100% of appeals for CRSA monitoring, which will be done on a monthly basis, until such time as the Regional Contractor demonstrates full compliance with the requirements. Upon achieving full compliance, CRSA will conduct routine quarterly monitoring for recipient appeals. CRSA will provide ongoing targeted technical assistance to the CRS Contractors based upon monitoring results, and take progressive contractual remedies for contractors who continue to fail to meet this standard. CRSA: Margery Sheridan, Division Chief of Consumer Rights				
2007 Standard GS 9 SUBSTANTIAL COMPLIANCE **The Contractor provides a provider with written acknowledgement of receipt of a claim dispute.** [42 CFR 438.406(f); Contract Section D, paragraph 25; Attachment C(2)] **2007 findings**: The Contractor ensures that its Subcontractor provides a provider with written acknowledgement of receipt of a claim dispute. **Documents Reviewed:** Claim Dispute Policy 50.503(2) Claim Dispute Logs Claim Dispute Review Tool Sample Acknowledgement Letter 17 Claim Dispute files **Comments:** (CYE06 OFR GS11) 3 of 17 (Tucson #1, #2, #3) files reviewed did not indicate that an acknowledgement letter had been issued. **2007 recommendations**: The CRSA must ensure that all claim disputes are acknowledged within 5 days of receipt.	1) Prior authorization is delegated to the Regional Contractors for which CRSA has oversight responsibility. Timelines are specified in the RCPPM, Chapter 80.401, both for standard and expedited authorization requests. However, by 3/1/07, CRSA will revise Chapter 80.401 to include that all Provider Service Requisitions (PSR) must be date stamped upon receipt by the Regional Contractor. This will enable CRSA to monitor the timeliness of a decision. **2)** The MM/UM Division has developed a monitoring tool for the prior auth process, a sample PSR and a checklist that includes the relevant dates (date requested by provider, date received by the Regional Contractor, and date approved). NOA requirements will be addressed and monitored as indicated in GS 1. 2) Denial logs will be monitored monthly to ensure compliance with timeliness of decisions for both standard and expedited requests and for compliance with required notification to recipients and providers of the need for an extension, until full compliance has been demonstrated. CRSA will monitor to ensure Regional Contractor compliance with prior authorization requirements during the annual Administrative Review.				

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
	3) CRSA modified the RCPPM, Chapter 80, to reference recipient and physician notification requirements and submitted this Chapter to AHCCCS for approval on 10/24/06. MM/UM Division's prior authorization monitoring tool and the recommended Provider Service Requisition (PSR) collects the requesting and authorizing provider's name, type and specialty, along with the information on medical necessity, as well as the Regional Medical Director's name and signature on denial PSR forms. A checklist has been developed to monitor that the decisions are made by qualified health care professional for all prior authorization, concurrent and retrospective reviews. Denial logs will be monitored monthly to ensure that corresponding PSR forms are signed by the Regional Medical Director. 3) Regional Contractors do retrospective review only for emergency services. RCPPM, Chapter 80.404, requires that Regional Contractors maintain a review form. By 3/1/07, Chapter 80.404 will be revised to reflect that all authorization, concurrent and retrospective decisions are subject to CRSA retrospective review.				
2007 Standard GS 15 NON COMPLIANCE **The Contractor claim dispute Notice of Appeals Resolution includes all required information.** [42 CFR 438.408(e)] **Findings:** The Contractor does not ensure that its Subcontractor show(s) evidence that the claim dispute Notice of Appeals Resolution includes all required information. **Documents Reviewed:** Claim Dispute Policy 50.503(3) 17 provider claim dispute files Training Logs Sample Notice of Decision **Comments:** (CYE06 OFR GS17) 12 of 17 claim dispute files reviewed did not indicate the factual and legal basis for the decision. **2007 GS 15 recommendations**: CRSA must ensure that all claim dispute Notice of Decision indicate the factual and legal basis for the decision.	CRSA will provide Regional Contractor staff responsible for processing claims disputes with training on all requirement relating to the claims dispute process, including the requirement to provide a Notice of Decision within 30 days from receipt of the claims dispute. CRSA will conduct monthly monitoring of claims disputes to ensure compliance with all elements of the process, until such time as the Regional Contractor demonstrates full compliance with the requirements. Upon achieving full compliance, CRSA will conduct routine quarterly monitoring for claims disputes. CRSA will provide ongoing targeted technical assistance to the Regional Contractors based upon monitoring results, and take progressive contractual remedies for contractors who continue to fail to meet this standard.				

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007 Standard GS 19 SUBSTANTIAL COMPLIANCE **If the Contractor or the Director's Decision reverses a decision to deny, limit, or delay services that were not furnished while an appeal, or hearing was pending, the Contractor shall authorize or provide the disputed services promptly, and as expeditiously as the recipient's health condition requires.** [42 CFR 438.424(a)(b)] **2007 findings**: The Contractor ensures that its Subcontractor authorize(s) or provide the disputed services promptly, and as expeditiously as the member's health condition requires, when a reverse decision to deny, limit, or delay services that were not furnished while an appeal, or hearing was pending. One appeal file reversed the previous decision to deny. That file (AP006 0928 01) did not indicate that an authorization was updated, or that services were provided. **Documents Reviewed:** Member Appeal Policy 60.609 5 standard appeal files **Comments:** (CYE06 OFR GS22) None **2007 GS 19 Recommendations:** The CRSA must ensure that their Contractor documents any authorization or provision of service that is the result of an overturned denial.	CRSA will develop a comprehensive database that records and tracks all Regional Contractor activities related to appeals and claims disputes, including the case disposition.				

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007: MM 1: SUBSTANTIAL COMPLIANCE **The Contractor has implemented procedures for utilization management program requirements, which are consistent with AHCCCS standards, provider monitoring and an evaluation of services.** [AMPM Chapter 1000; 42 CFR 438.240, 42 CFR 456.1, 42 CFR 456.3, 42 CFR 456.5] **2007 findings:** The Contractor has implemented processes for monitoring and evaluating utilization of services which the Plan has identified as variances (both over and under) in utilization patterns. The Contractor assesses the quality of services provided when utilization data variances are present (over and under utilization). The Contractor has criteria that outline the variance criteria that would identify members and providers who require intervention in order to correct misutilization patterns. (42 CFR 456.22 through 23) The Contractor does not act on identified variances (high or low utilization). The Contractor demonstrated monitoring and evaluation of service utilization. A review of the MM/UM Committee minutes and reports presented at the meetings revealed a commitment to trend identification, analysis of variances, and discussion of trend cause. The Contractor's comprehensive review of utilization data has been instituted within the last two (2) quarters. The Contractor has not had adequate time to evaluate any recently instituted interventions that have resulted from the recent data analysis. The evaluation of the efficacy of any planned interventions will need to be reported in future UM/MM meetings The Contractor has a plan for including the evaluation in their meetings and simply requires implementation of this process. The Contractor identifies the provider as the four regional clinics. **Documents Reviewed:** Medical Management/Utilization Management (MM/UM) 1.1 Detection of Under and Over Utilization Services MM/UM 1.2 Children's Rehabilitative Services Administration (CRSA) Regional Contractors' Encounters Review MM/UM 1.3 Drug Utilization Review MM/UM 1.4 Monitoring Durable Medical Equipment MM/UM Committee Meeting Minutes Quarterly UM Data Reports for Fiscal Year (FY) 2007 **Comments:** None **2007 recommendations:** The Contractor must evaluate the interventions planned as a result of trended data analysis.	The MM/UM Division will continue to build on its efforts to monitor, evaluate, and improve service, utilization by further implementing plans to identify and review recommended interventions. Such activities will depend on the topic of analysis. Currently, MM/UM is trending on emergency utilization for services like G-tube issues; as well as emergency services/ readmission for post op complications/ infections by provider site (by specific specialty). Future plans include, for, example: (1) drug utilization with trend analysis of top medications by count and cost, as reviewed with recommendations by the Pharmacy and Therapeutic Committee and the MM/UM Committee, with presentation to the Medical Directors for local action. These considerations will influence inclusion in the CRS formulary and will be regularly reviewed for new trends and further action. (2) Trends in readmission, emergency department utilization, and services by disease class and site. These topics are analyzed and presented to the MM/UM Committee and recommendations, as appropriate, are made for member education or further investigation and/or referral to Quality Management. 09/30/07 – cap is closed.	**CRSA** Ashraf Lasee (07/07, 10/07, 01/08, 04/08-07/08) **AHCCCS:** Maureen Wade, RN, Medical Management Manager; Geri Topolosek RN, Medical Management Specialist	09/30/07 – cap is closed.		Submission of annual MM/UM plan. Quarterly minutes will be submitted to AHCCCS within 30 days of meeting. Move this to deliverables.

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	**CRSA 2007 CAP**	**CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP**	**CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms**	**Implementation Due Date**	**Evidence Documenting Successful Implementation Date of Implementation completion**
2007: Standard MM 2 SUBSTANTIAL COMPLIANCE **The Contractor reviews utilization data and reports trends, variances, analysis/ evaluation and interventions through the Medical Management Committee. The Contractor acts and follows through on committee recommendations**. [AMPM Chapter 1000; 42 CFR 438.240, 42 CFR 456.1, 42 CFR 456.3, 42 CFR 456.5] **2007 Findings:** The Contractor has minutes from the committee meetings which reflect the following: ✓ Reporting of data over time reflecting any trends ✓ Addresses any untoward trends and minutes reflect analysis and plans for interventions The Contractor does not report on the previous meetings recommendations, analyzes interventions and makes changes based on the recommendations. The Contractor demonstrated consistent monitoring and evaluation of service utilization. A review of the MM/UM minutes and reports presented at the meetings revealed a commitment to trend identification, analysis of variances, and discussion of trend cause. The Contractor's comprehensive review of utilization data has been instituted within the last two (2) quarters. The Contractor has not had adequate time to evaluate any recently instituted interventions that have resulted from the recent data analysis. The evaluation of the efficacy of any planned interventions will need to be reported in future UM/MM meetings The Contractor has a plan for including the evaluation in their meetings and simply requires implementation of this process. The Contractor identifies the provider as the four regional clinics. **Documents Reviewed:** MM/UM Committee Meeting Minutes CRS MM/UM Data Sub-Committee Meeting Minutes Quarterly UM Data Reports for FY 2007 Readmissions within 30 days of Discharge Report Emergency Room Visits by Site Report **Comments:** None **2007 recommendations:** The Contractor must evaluate the interventions planned as a result of trended data analysis.	The MM/UM Division will continue to build on its efforts to improve service utilization by further implementing plans to evaluate interventions. After sufficient time for implementation of interventions as described in MM 1, relevant data will be regularly reviewed to ensure the desired outcome has resulted, with the fine tuning of interventions as required. This review, with any additional recommendations, will be reflected in the minutes from appropriate Committee meetings. **CAP IS CLOSED 9/13/07** **Quarterly minutes will be submitted to AHCCCS within 30 days of the meeting. CRSA to provide schedule of meetings to AHCCCS.**	**CRSA:** Ashraf Lasee (07/07, 10/07, 01/08, 04/08-07/08) **AHCCCS** Maureen Wade, RN, Manager Medical Management, Geri Topolosek RN; Medical Management Specialist	**CAP IS CLOSED 9/13/07**	**Ongoing**	**Quarterly minutes will be submitted to AHCCCS within 30 days of the meeting. CRSA to provide schedule of meetings to AHCCCS.** **Move this item to deliverables.**
2007: Standard MM 5 NON COMPLIANCE **The Contractor has implemented and monitors a comprehensive inter-rater reliability plan to ensure consistent application of criteria for clinical decision making.** [AMPM Chapter 1000; 42 CFR 438.236] **2007 findings:** The Contractor has written policies regarding inter-rater reliability for staff involved with the application of clinical criteria.	The MM/UM Division will continue to evaluate the consistency with which individuals involved in clinical decision making apply standardized criteria. CRSA will continue to monitor the annual Inter-Rate Reliability training provided by the CRS Regional Contractors for their staff and Medical Directors.	**CRSA** Ashraf Lasee (06/07, bi-annual) **AHCCCS** Maureen Wade, RN, Manager, Medical Management Geri Topolosek RN; Medical Management Specialist,	Cap is closed 09/30/07. CRSA binder with policies and IRR testing/scores available.	07/15/07	Cap is closed 09/30/07. Move this item to deliverables.

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
✓ Prior Authorization Staff ✓ Concurrent Review Staff ✓ Retrospective Review Staff ✓ Medical Director (s) The Contractor does not evaluate the consistency with which individuals involved in clinical decision making apply standardized criteria and in accordance with any adopted practice guidelines. ____ Prior Authorization Staff ____ Concurrent Review Staff ____ Retrospective Review Staff ____ Medical Director (s) The Contractor does not take action when staff does not demonstrate consistency in the authorization or approval/ denial of services. The Contractor demonstrated a policy for Inter-Rater Reliability Testing but has not implemented Inter-Rater audits. The Contractor has scheduled Inter-rater training for April, 2007. The inter-rater training is specific to Inter-Qual. Inter-Qual criteria can be applied to acute care services but is not comprehensive of all of the service or authorization areas covered by the CRSA benefit, i.e. Durable Medical Equipment (DME). **Documents Reviewed:** Policy MM/UM 1.7 Inter-rater Reliability (IRR) Testing **Comments:** The Contractor must implement and monitor all staff involved in the clinical review process to assure consistent application of the criteria used for decision making. The Contractor must assure the inter-rater reliability monitoring is comprehensive for all covered services that are included in prior authorization, concurrent and retrospective review. **2007: recommendations:** The Contractor must implement and monitor all staff involved in the clinical review process to assure consistent application of the criteria used for decision making. The Contractor must assure the inter-rater reliability monitoring is comprehensive for all covered services that are included in prior authorization, concurrent and retrospective review.	MM/UM is preparing the FY 07 first formal IRR testing to establish a baseline for IRR as described in CRSA IRR training and Testing Plan. This will be a web-based, online testing. Selected cases will include a variety of initial prior auth, concurrent reviews, retrospective reviews and denials. Testing will include review of fifteen randomly selected cases involving prior authorization (DME, Ambulatory Surgery, Office visits, etc.), ten cases involving concurrent review and ten with retrospective review. Each case will be evaluated independently by the CRSA Medical Director and nursing staff as well as the CRS Regional Medical Director and prior-authorization, concurrent and retro review nurse(s). The first IRR testing on Prior Authorization was sent to sites on 6/28/07 to be completed by 7/15/07 (attached). Any inconsistencies found will be discussed with the CRS Regional Contractors and documented. As needed, further action will be taken to ensure inconsistencies are reduced for each individual staff member by site, including CRSA. Such actions may include providing technical assistance/training or requesting a Corrective Action Plan if appropriate. Results and recommendations will be shared with the MM/UM Committee and the CRSA Executive Committee. 10/01/07 – cap is closed.				
MM Standard 7: SUBSTANTIAL COMPLIANCE The Contractor denies payment for emergency services when the following criteria have been made: The medical condition manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: 1. Placing the health of the individual (or with respect to a pregnant woman or her unborn child) in serious jeopardy. 2. Serious impairment to bodily functions 3. Serious dysfunction of any bodily organ or part	**Findings 1 thru 6**. Per the AHCCCS/ADHS-CRSA contract, Section D, paragraph 2, Scope of Services, "Children's Rehabilitative Services (CRS) shall provide medically necessary CRS covered services to AHCCCS members, including emergency services related to CRS conditions, when the provider that furnishes the service has an agreement with CRS. For emergency services rendered outside the CRS network, CRSA shall coordinate services within the CRS recipient's acute or long-term care health plan."	**CRSA:** Ashraf Lasee/ Terri Speaks (Findings 1/07, 07/07-ongoing) Finding 9 (07/07-10/07, ongoing on a monthly basis) (End dates 08/07, 11/07, 02/08, 05/08, and 08/08, ongoing on quarterly basis) **AHCCCS** Maureen Wade, RN, Manager, Medical Management,	CAP is accepted and closed 09/30/07.	**Ongoing With monthly and quarterly basis at CRSA**	

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
The Contractor denies emergency services, when the emergency room provider, hospital, or fiscal agent has notified the member's Contractor within 10 calendar days of presentation for emergency services. The Contractor denies payment for emergency services regardless of whether the entity that furnishes the service is contracted. **N/A** The Contractor denies payment for emergency services or limit emergency services on the basis of a list of diagnoses or symptoms. The Contractor denies post stabilization care services (provided under the definition of an emergency medical condition) in order to maintain the stabilized condition or to improve or resolve the patient's condition when: 1. Post-stabilization care services were not approved by the Contractor within one hour of a prior authorization requested by the treating provider or the Contractor could not be contacted for authorization. 2. The Contractor representative and the treating physician cannot reach agreement concerning the enrollee's care and the contracted physician is not available for consultation. The Contractor denies payment when the attending emergency physician has not determined that the member is sufficiently stabilized for transfer or discharge. The Contractor does not have criteria describing what services require retrospective review, the time frames for the completion of such reviews, and the appropriate clinical staff involved in the reviews. The Contractor documents the outcome of any retrospective review and the rationale for the decision by the appropriate clinical staff. The Contractor does not report to the Medical Management or appropriate committee any identified utilization issues for analysis and intervention. The Contractor does not have a policy for review and payment of emergency services as outlined by the BBA emergent care/services regulation. **Documents Reviewed:** MM/UM 1.2 CRS Regional Contractors' Encounters Review Chapter 80 Program Oversight, subsection 80.405 (draft) Member Handbook	**Finding 7**. CRSA Internal Policy MM/UM 1.2, CRS Regional Contractors' Encounters Review, describes services that require retrospective review. CRSA RCPPM Chapter 80.405, Retrospective Review (8) states that all CRS Regional Contractors' prior authorization, concurrent review and retrospective review decisions are subject to retrospective review by CRSA. Policy 80.405, (6-C & 7) describes the timeframe for completion of retrospective reviews. Policy 80.405, (2 & 6-A) requires having appropriate qualified staff conduct all reviews to determine medical necessity. CRSA will continue to follow the CRSA internal policy and RCPPPM policy 80.405 to conduct all emergency and retrospective reviews. **Finding 9**. CRSA-MM/UM Specialist conducts retro reviews on 100% emergency services, 10% sample of inpatient stays, 15% sample of Ambulatory Surgeries, 100% 30-day readmission on a regular basis and presents a report to MM/UM Committee each month. Currently, from the in-office retro review, MM/UM is trending on emergency utilization for services like G-tube issues; as well as emergency services/readmission for post op complications/ infections by provider site (by specific specialty). Results are shared at MM/UM Committee meeting. Data will be reviewed for 3-additional months for clear trending. Additionally, CRSA submits a quarterly report to AHCCCS that includes utilization of inpatient services, Average Length of Stay, Emergency Services and DME Utilization Cost. CRSA conducts a detailed analysis on quarterly utilization of Emergency Services, Readmission within 30 days and DME utilization. This detailed analysis is presented in a report to the MM/UM Committee. Every case is discussed by the Medical Director and Utilization Specialists. Cases with issues and concerns are taken to the sites for further investigation. After completing the investigation, sites are notified of any feedback; cases with Quality of Care issues	Geri Topolosek RN; Medical Management Specialist			

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
Comments: The Contractor does not have to pay for emergent services for CRSA covered conditions when care is provided in a non-contracted facility per AHCCCS contract as the primary AHCCCS Contracted health plan is responsible. The Contractor is responsible for all CRSA covered conditions that present as emergent when the member is at a contracted facility. The Contractor does review all emergency room / emergent admissions to the hospital, but did not have any written guidelines for compliance with the BBA standards on emergent care and post-stabilization criteria that was applied in the review. There was no documentation in the Medical Management Meeting or Quality meeting minutes of a review of the findings of the findings, trends or analysis of the admissions and clinical findings of the audits. **Recommendations:** The Contractor must have a process for trending and analysis of their retrospective reviews. The Contractor must include in policy the guidelines for review of emergent services that comports with the BBA definition of emergent care. The Contractor cannot deny payment for services deemed emergent if the attending physician has not determined the member is stabilized. **2006: findings:** CRSA does have policies addressing inter-rater reliability. However, the policies do not establish scoring standards which must be met before corrective action is taken. There was no documentation that any corrective action has been taken with staff involved in the clinical decision making process. Examples of inter-rater reliability testing, subsequent scores, and corrective action plans were not provided during the review. There was no evidence that the Medical Directors are included in inter-rater reliability testing. The Notice of Action (NOA) letters sent by the Regional Clinics varied significantly. Sometimes the recipients are notified of a denial and the providers are not. Other times the opposite is true. The majority of denials reviewed from the Phoenix Regional Clinic had no letters attached to the denial at all. The request form was stamped "denied". There was no written explanation of the denial, no indication of who made the denial decision or when that decision was made. Many of the denials from the Tucson Regional Clinic did not include Notice of Action letters. All of the Regional Clinics were found to be using an out-dated template for their Notice of Action letters. The letters being used do not explain the recipient's right to have services continue, how to request continued services, and when a recipient may be required to pay for the costs	are forwarded to Quality Management for further investigation. MM/UM will continue to conduct retro review for all services identified in CRSA internal policy and in RCPPM chapter 80.405. CRSA will also conduct further analysis on all utilization date and plan interventions as needed. **Finding 10**. CRSA internal policy MM/UM 1.2, CRS Regional Contractors Encounters Review, describes services that require retrospective reviews. Additionally, MM/UM has a written process specifically for the retrospective review of emergency services during site visits. CRSA will continue to follow MM/UM 1.2 and Policy 80.405 (RCPPM Approved by AHCCCS) to conduct all emergency and retrospective reviews. *AHCCCS Response: 9/13/07 CAP is accepted*				

Requirement (BBA, Contractual obligation, AMPM) AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007: Standard MM 9 **SUBSTANTIAL COMPLIANCE** **The Contractor has adopted and implemented a policy for the evaluation of new technologies that complies with AHCCCS standards.** [AMPM Chapter 1000] **2007: MM 9:** The Contractor has a policy for evaluating new technologies or the application of existing technology to a new clinical use that is inclusive of consideration of coverage decisions by Medicare intermediaries, carriers, and / or Medicare, Federal or State Medicaid coverage decisions. The Contractor has implemented a process for review of new technology based on authorization requests that may be time dependant. The Contractor has not documented compliance with the policy that reflects the decision process and the basis for the decision on coverage. **Documents Reviewed:** MM/UM 1.9 CRSA New Medical Technology Coverage Chapter 80 Program Oversight, Subsection 80.412 (draft) MM/UM Committee Meeting Minutes **Comments:** The Contractor's policy for evaluating new technologies does include a process for review of new technology based on time frames of service requests. In the MM/UM Committee Meeting Minutes of October 26, 2006, new medical technologies approval was to be presented at the Executive Management Committee on November 8, 2006. No minutes of the Executive Management Committee were documented. **2007recommendations:** The Contractor should consider reporting in the Executive Management Committee any new medical technologies that were requested and the timeframes for decision so that any trends can be identified.	06/13/07 – Policy MM/UM 1.9 – CRSA new medical technology coverage submitted and accepted.	**CRSA:** Ashraf Lasee **AHCCCS** Maureen Wade, RN, Manager, Medical Management Geri Topolosek RN; Medical Management Specialist	07/01/07 – accepted and closed.		Closed.

Requirement (BBA, Contractual obligation, AMPM)AHCCCS Findings from Oversight and Evaluations Corrective Action Plan Recommendations from AHCCCS	CRSA 2007 CAP	CRSA Responsible Party (Name, Title and Date) AHCCCS Oversight of CAP Implementation (Name and Title) AHCCCS Response to CRSA CAP	CRSA Implementation to Corrective Action Plan (people, policies/procedures, oversight tools, oversight schedule, etc.) AHCCCS Oversight and Review Includes monitoring mechanisms	Implementation Due Date	Evidence Documenting Successful Implementation Date of Implementation completion
2007 QM 2 SUBSTANTIAL COMPLIANCE **The Contractor has a structure in place for a Quality Management Program that includes administrative requirements related to the peer review process**. [AMPM, Chapter 900, policy 910, C – 4; 42 CFR 438.240; 42 CFR 438.408; 42 CFR 438.414] 2007 Findings The Contractor's peer review process is clearly defined. The Contractor's peer review process addresses the following components: Which cases are determined appropriate for peer review. Peer review is used to analyze and address clinical issues. Providers are made aware of the peer review process. Providers are made aware of the peer review grievance procedure. Peer review activities are carried out in a specific peer review committee or in executive sessions. At least one provider of the same or similar specialty under review does participate 2007 Recommendations The Contractor must document implementation of a formal Peer Review process to be in compliance with AHCCCS requirements. The Contractor must clearly state in the Contractor Peer Review Policy that the Contractor Medical Director or his designated ADHS Medical Director will chair the Quality Management Committee and Peer Review Committee	The Contractor submitted QM policy 1.1 and a "mock peer review" packet. The peer review packet included a checklist for the elements of the CRSA peer review process. This included committee membership, statement concerning confidentiality, signing of the confidentiality statement, objective of the peer review committee, responsibilities of the committee, the peer review scenario, peer review investigations, peer review decision making, restatement of confidentiality and peer review evaluations. Submitted CRSA QM 1.1, effective 06/04/2007 and signed by the CRSA medical director states that: "The CRSA Peer Review Committee membership will minimally consist of the following members:" a) The CRSA Medical Director or his/her designated ADHS Medical Director (Chairperson) *The CAP for this standard is accepted with the expectation that the Contractor will submit an actual peer review case when it is available.*	**CRSA:** Steven Burroughs, Director Quality Management 6/4/07, 8/31/07, 10/10/07, **AHCCCS:** Connie Williams, CQM Manager; Charles LeVancier , QM Coordinator 9/30/07, 10/31/07,	Mock Peer Review October 9, 2007 CRSA Policy QM 1.1 is approved (1/24/08)		The CAP is accepted, implementation will be reviewed at the next OFR.

2007 QM 3 SUBSTANTIAL COMPLIANCE **The Contractor has a structure and process in place for quality-of-care, abuse/complaint tracking and trending for member/system resolution.** [AMPM, Chapter 900, Policy 960; 42 CFR 438.240; 42 CFR 438.402, 406, 408, and 416] 2007 Findings The Contractor identifies the issue/problem Has a research process (log of events and conversations) The Contractor implements appropriate interventions to resolve the issue (from both a member and systems perspective The Contractor communicates with the originator of the concern (opening and closing letter) The Contractor does not communicate with the appropriate agencies (reports abuse, neglect and unexpected death to AHCCCS) 2007 Recommendations The Contractor must report issues to the appropriate agencies and regulatory bodies as stated in the AMPM, Chapter 900, 960. The Contractor must develop a process to identify all quality of care concerns from all potential sources. The Contractor should consider standardizing QOC file structure to ensure completeness and accuracy. The Contractor should consider utilizing the QOC Documentation – Data File monitoring tool to review the Contractor cases. The Contractor should develop a process for standardizing the QOC file structure including: dating and initialing entries made to the database; signing the database when the case is closed; checking the database entries to ensure that the case disposition and follow – up match; filling in the date that requested information was received and indicating if mail was returned by the post office. The Contractor should consider entering the main and sub – allegations, provider and sub – provider into the database at the time the case is opened to assist with trending reports. There was no evidence that the Contractor has implemented a process to communicate concerns with appropriate agencies.	The Contractor submitted policy 80.302, item 1, notes that the Regional Contractor is responsible for investigating all quality of care allegations "regardless of the source of the allegation." The same policy includes section 3, item A, which states that "Referring/reporting the issue to appropriate regulatory agencies such as Child or Adult Protective Services, AHCCCS, and/ or CRSA for further research/review of action; B. Notifying the appropriate regulatory/licensing board or agency and CRSA when a health care professional's, organizational provider's or other providers affiliation with their network is suspended or terminated because of quality issues…" The Contractor has also submitted Administrative Reviews for Contract Year 200. One example of a flat date base (Excel) was also submitted. The Contractor also submitted an outline of the QOC (Quality of Care) File Sequence documenting the review and evaluation processes for QOC issues *The CAP for this standard is accepted contingent upon an appropriately signed and finalized (effective dated) policy 80.302. . Implementation will be reviewed at the next onsite Operation and Financial Review.*	**CRSA:** Steven Burroughs, Director Quality Management **AHCCCS:** Connie Williams, CQM Manager; Charles LeVancier , QM Coordinator 9/30/07, 10/31/07,	Chapter 80.302 is approved (1/24/08)		The CAP is accepted, implementation will be reviewed at the next OFR.

2007 QM 4 SUBSTANTIAL COMPLIANCE **The Contractor has a structure in place for quality – of – care, abuse/complaint tracking and trending for system improvement**. [AMPM, Chapter 900, Policy 960; 42 CFR 438.240; 42 CFR 438.204, 406, 408, and 416] 2007 Findings The Contractor ensures quality-of-care complaints received anywhere in the organization are referred to Quality Management for investigation and resolution. The Contractor incorporates successful interventions into the QM program or assigns new interventions/approaches when necessary. The Contractor does not monitor the success of interventions developed as a result of member complaint/abuse issues. The Contractor analyzes and evaluates the data from this system to determine any trends related to the quality of care in the Contractor's service delivery system or provider network. The Contractor implements corrective action to reduce/eliminate the likelihood of complaints/abuse reoccurring. 2007 Recommendations: The Contractor must monitor the success of the interventions developed as a result of member complaint issues to be in compliance with AHCCCS requirements. The Contractor should consider an ongoing process, rather than relying solely on the Annual Administrative Review audit to evaluate the success of interventions.	The Contractor submitted policy 80.302 which an underlined changed which speaks to 1) "interventions implemented to resolve and prevent similar incidences; and 2) resolutions status of "substantiated", and "non – substantiated", and "unable to substantiate" quality of care issues". The noted policy includes within item 1, the following statement: "The Regional Contractor is responsible for investigating all quality of care allegations involving its own clinic activities as well as other services provided directly or through provider sub – contracts, regardless of the source of the allegation." CAPs were implemented to 3 of the clinics regarding submitting QM referrals from anywhere in the organization when a QOC is received *The CAP for this standard is accepted contingent upon an appropriately signed and finalized (effective dated) policy 80.302. Implementation will be reviewed at the next onsite Operation and Financial Review.*	**CRSA:** Steven Burroughs, Director Quality Management 10/2/07, 11/19/07 **AHCCCS:** Connie Williams, CQM Manager; Charles LeVancier , QM Coordinator 9/30/07, 10/31/07,	Chapter 80.302 is approved (1/24/08) CAPs implemented and monitored.		The CAP is accepted, implementation will be reviewed at the next OFR.

2007 QM 8 SUBSTANTIAL COMPLIANCE **The Contractor has a structure in place for a Quality Management Program that includes administrative requirements for oversight and accountability for all functions and responsibilities described in AMPM Chapter 900 that are delegated to other entities.** [AMPM, Chapter 900, Policy 910, C-6; Policy 950, 3, 42CFR 438.240; 42 CFR 438.230] 2007 Findings: The Contractor ensures that a written agreement that provides for revoking delegation or imposing other remedies/sanctions if the sub Contractor's performance is inadequate. The Contractor doesn't evaluate the entity's ability to perform the delegated activities prior to delegation. The delegated entity is not monitored on an ongoing basis and formally reviewed by the Contractor at least annually. The Contractor ensures that the Sub-Contractor takes corrective action if any deficiencies are identified. 2007 Recommendations A delegated entity must be monitored on an ongoing basis and formally reviewed by the Contractor at least annually to be in compliance with AHCCCS requirements. The Contractor must ensure that the Regional Contractors accept and implement the Contractor's required corrective action if any deficiencies are identified.	CRSA submitted a packet containing the results of its Utilization and Medical Management (Prior Authorization, Concurrent and Retrospective Review) review reports for the on site visits for the fourth quarter of fiscal year 2007. CRS sites reviewed include CRS Yuma Regional Medical Center, CRS Tucson, CRS Phoenix and CRS Flagstaff. A review of the packet notes that CRS Flagstaff was issued a warning pertaining to decisions on service authorization, denial and/or extension must be completed within the timeliness. CRSA is also requiring Flagstaff CRS to have at least one additional R.N., trained to complete the review of requests for Prior Authorization. *The CAP for this standard is accepted contingent on submission of quarterly review reports and evidence that Flagstaff has met the timelines for Prior Authorization. Concurrent with the above requirement, CRSA is to advise this unit (CQM) when Dissolutions of Notice to cure are issued for the relevant CRS sites. Also, as Credentialing is a delegated activity, the standard is accepted contingent upon revision of the Flagstaff Credentialing Bylaws.*	**CRSA:** Steven Burroughs, Director Quality Management 10/2/07,11/19/07 **AHCCCS:** Connie Williams, CQM Manager; Charles LeVancier , QM Coordinator 9/30/07, 10/31/07, 11/26/07	Contractor Oversight Matrix Delegated Functions Report Clinic specific reports (graphs) for performance standards Dissolution of Notice to Cure Notices received		The CAP is accepted, implementation will be reviewed at the next OFR.

2007 QM 11 PARTIAL COMPLIANCE **The Contractor ensures credentialing, re – credentialing and provisional credentialing of the providers in their contracted provider network** 2007 Findings: The Contractor doesn't identify the Medical Director or designated physician as being responsible for oversight of the credentialing and re-credentialing and provisional decisions. The Contractor does not identify the role of the credentialing committee. Performance monitoring data is not included in the re-credentialing decision-making process. This must include at a minimum: Member concerns which include grievances (complaints) and appeals information, • Information from identified adverse events, • Utilization Management information, • Risk Management information, • Information on compliance with policies, • Physician profiling, • Performance Improvement and monitoring, and • Contractor quality issues. 2007 Recommendations: The Contractor must include all requirements of the AHCCCS AMPM Chapter 900, Policy 950 relating to the initial credentialing, re-credentialing and provisional credentialing of providers by Regional Contractors to be in compliance with AHCCCS requirements	CRS has submitted documentation under the heading of "2007 OFR/CAP Deliverables 09/17/2007". Included within this documentation is a letter dated August 28, 2007 and signed by Jennifer Vehonsky, Division Chief of Compliance, Children's' Rehabilitative Services Administration. Page three (3) of the letter notes that "While CRSA acknowledges that based on its credentialing review of January 2007 and Administrative Review in June 2007, the Contractor has complied with the credentialing requirements in practice; the Contractor continues to fail to meet the requirements to have it's written By – Laws modified to reflect those practices as outlined above. Accordingly, the conditions have not been met to date." *CRSA will review the FMC By-Laws for revision in February 2008. The CAP for this standard is accepted and will be reviewed at the next OFR.*	**CRSA:** Steven Burroughs, Director Quality Management 9/17/07, 11/19/07 **AHCCCS:** Connie Williams, CQM Manager; Charles LeVancier , QM Coordinator 9/30/07	See February 2008 FMC review of By-Laws (when completed.)		The CAP is accepted, implementation will be reviewed at the next OFR.
2007 QM 13 PARTIAL COMPLIANCE **The Contractor maintains a health information system that collects, integrates, analyzes, and reports data necessary to implement its QM/QI Program.** [AMPM Chapter 900, Policy 910; 42 CFR 438.242, 42 CFR 438.240] 2007 Findings: The Contractor does not ensure that information/data received from providers is accurate, timely, and complete. The Contractor does not review reported data for accuracy, completeness, logic, and consistency. The Contractor's review and evaluation processes are not clearly documented. 2007 Recommendations: The Contractor must develop a health information system to collect, integrate and analyze data. The health information system data must be validated for accuracy, timeliness, logic and completeness.	The CAP for this standard is accepted contingent on submission of tools/documents utilized in the CRSA QM validation of the contractors HIS.7/23/07 CRSA QM validated its contractors HIS for accuracy, timeliness, logic and completeness during the annual administrative reviews conducted during FY07 *The CAP for this standard is accepted contingent on submission of tools/documents utilized in the CRSA QM validation of the contractors HIS.*	**CRSA:** Steven Burroughs, Director Quality Management 11/19/07 **AHCCCS:** Connie Williams, CQM Manager; Charles LeVancier , QM Coordinator 11/1/07	Administrative review tool		The CAP is accepted, implementation will be reviewed at the next OFR.

2007 QM 14 NON COMPLIANCE The health information system data elements include at least the following information to guide the selection of and meet the data collection requirements for quality improvement requirements. 2007 Findings: The health information system does include at least the following elements: √ Member demographics √ Services provided to members __ Other information necessary for quality improvement (Grievances, utilization etc.) 2007 Recommendations: The Contractor must ensure all Regional Contractors have a health information data system. The Contractor must develop a process for integrating, analyzing and evaluating data from all Regional Contractors in order to develop accurate and appropriate quality improvement activities.	Each Regional Contractor has the QOC database to track and trend quality information. The QOC database was adapted from an AHCCCSA product. Additionally, CRSA receives eligibility and encounter information from each Regional Site. The eligibility information contains demographic information which has been utilized for quality improvement activities (e.g. transition and non-utilization PIPs). Encounter information is utilized to determine services provided to members (e.g., non-utilization PIP). CRSA is systematically tracking, trending, and reviewing the program as a whole (see: QMC meeting minutes and reports). The current performance improvement objectives do not lend themselves to an "automated" collection system. However, CRSA is tracking and trending them on an ongoing basis. *The CAP for this standard will be addressed after the AHCCCS technical assistance meeting with CRSA.* *Technical assist determination: CRSA will submit quarterly reports for AHCCCS review.*	**CRSA:** Steven Burroughs, Director Quality Management 11/19/07 **AHCCCS:** Connie Williams, CQM Manager; Charles LeVancier , QM Coordinator 7/23/07, 11/1/07	Technical assist 7/14/07 QM Quarterly Reports MM/UM Meeting Minutes Transition Status Reports all Clinics Administrative review tools	11/2007	The CAP is accepted, implementation will be reviewed at the next OFR.